#### Edgar Filing: BlueLinx Holdings Inc. - Form 4

BlueLinx Holdings Inc. Form 4 November 03, 2008

#### OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Goforth Howard D Issuer Symbol BlueLinx Holdings Inc. [BXC] (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner X\_\_Officer (give title Other (specify **BLUELINX CORPORATION, 4300** 10/31/2008 below) below) WILDWOOD PARKWAY Treasurer & CFO (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting ATLANTA, GA 30339 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of Securities Form: Direct Indirect (Instr. 3) any Code (D) Beneficially (D) or Beneficial Indirect (I) Ownership (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price Common 10/31/2008 Ρ 5.000 120,000 (1) D A Stock 2.84

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title and	8. Price of	9. Nu		
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionNumber	Expiration D	Date	Amount of	Derivative	Deriv		
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Underlying	Security	Secu		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securities	(Instr. 5)	Bene		
	Derivative				Securities	3		(Instr. 3 and 4)		Owne		
	Security				Acquired					Follo		
	•				(A) or					Repo		
					Disposed					Trans		
					of (D)					(Instr		
					(Instr. 3,							
					4, and 5)							
								A				
								Amount				
						Date	Expiration	Or Titl NL 1				
						Exercisable	Date	Title Number				
					$(\mathbf{A})$ (D)			of Sharran				
				Code V	(A) (D)			Shares				

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Re	ationships				
	Director	10% Owner	Officer	Other			
Goforth Howard D BLUELINX CORPORATION 4300 WILDWOOD PARKWAY ATLANTA, GA 30339			CFO				
Signatures							
/s/ Matthew R. Nozemack, Attorney-in-Fact		11/03/					
**Signature of Reporting Person		Dat	e				
Explanation of Responses:							

# Explanation of Responses:

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) Certain of these shares of common stock are subject to vesting based on certain time and performance requirements.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.