### BEACON ROOFING SUPPLY INC Form SC 13G/A October 11, 2007

Page 1 of 11 Pages

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

SCHEDULE 13G

Under the Securities Exchange Act of 1934

(Amendment No. 1)\*

\*\*\*EXIT FILING\*\*\*

Beacon Roofing Supply, Inc.

(Name of Issuer)

Common

(Title of Class of Securities)

073685109

Check the following box if a fee is being paid with this statement []. (A fee is not required only if the filing person: (1) has a previous statement on file reporting beneficial ownership of more than five percent of the class of securities described in Item 1; and (2) has filed no amendment subsequent thereto reporting beneficial ownership of five percent or less of such class.) (See Rule 13d-7.)

(CUSIP Number)

\*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

Page 2 of 11 Pages

Schedule 13G Amendment No. 1(continued)

CUSIP No. 073685109

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NAME OF REPORTING PERSON S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON

Baron Capital Group, Inc.

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2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP\*

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (a) [ ]<br>(b) [ ]                                                               |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--|--|--|--|--|
| 3 SEC USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |  |  |  |  |  |
| 4 CITIZENSHIP OR PLACE OF ORGANIZATION  New York                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |  |  |  |  |  |
| NUMBER OF 5 SOLE VOTING POWER SHARES 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |  |  |  |  |  |
| BENEFICIALLY OWNED BY 6 SHARED VOTING POWER EACH 1,070,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |  |  |  |  |  |
| REPORTING PERSON 7 SOLE DISPOSITIVE POWER WITH 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |  |  |  |  |  |
| 8 SHARED DISPOSITIVE POWER 1,070,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |  |  |  |  |  |
| 9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | G PERSON                                                                         |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1,070,000  CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES* |  |  |  |  |  |
| 11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9) 2.4%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |  |  |  |  |  |
| 12 TYPE OF REPORTING PERSON*  HC, CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |  |  |  |  |  |
| *SEE INSTRUCTIONS BEFORE FILLING OUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |  |  |  |  |  |
| Page 3 of 11 Page | ges                                                                              |  |  |  |  |  |
| Schedule 13G Amendment No. 1(continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  |  |  |  |  |  |
| CUSIP No. 073685109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |  |  |  |  |  |
| 1 NAME OF REPORTING PERSON S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |  |  |  |  |  |
| BAMCO, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |  |  |  |  |  |
| 2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (a) [ ]<br>(b) [ ]                                                               |  |  |  |  |  |
| 3 SEC USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |  |  |  |  |  |

4 CITIZENSHIP OR PLACE OF ORGANIZATION

|                             | New York                        |                                                             |  |  |  |  |
|-----------------------------|---------------------------------|-------------------------------------------------------------|--|--|--|--|
| SHARES                      |                                 | 5 SOLE VOTING POWER 0                                       |  |  |  |  |
| EACH                        | 6 SHARED VOTING POWER 1,070,000 |                                                             |  |  |  |  |
| REPORTING<br>PERSON<br>WITH |                                 | 7 SOLE DISPOSITIVE POWER 0                                  |  |  |  |  |
|                             |                                 | 8 SHARED DISPOSITIVE POWER 1,070,000                        |  |  |  |  |
| 9                           | AGGREGATE<br>1,070,000          | AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON          |  |  |  |  |
| 10                          |                                 | IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES* |  |  |  |  |
| 11                          | PERCENT OF                      | CLASS REPRESENTED BY AMOUNT IN ROW (9)                      |  |  |  |  |
| 12                          | TYPE OF RE                      | EPORTING PERSON*                                            |  |  |  |  |
|                             | IA, CO                          |                                                             |  |  |  |  |
|                             |                                 | *SEE INSTRUCTIONS BEFORE FILLING OUT                        |  |  |  |  |
|                             |                                 | Page 4 of 11 Pages                                          |  |  |  |  |
|                             | Schedule 13                     | 3G Amendment No. 1(continued)                               |  |  |  |  |
| CUSIP                       | No. 0736851                     | 109                                                         |  |  |  |  |
| 1                           |                                 | EPORTING PERSON<br>R.S. IDENTIFICATION NO. OF ABOVE PERSON  |  |  |  |  |
|                             | Baron Capi                      | ital Management, Inc.                                       |  |  |  |  |
| 2                           | CHECK THE                       | APPROPRIATE BOX IF A MEMBER OF A GROUP*  (a) [ ]  (b) [ ]   |  |  |  |  |
| 3                           | SEC USE ON                      | NLY                                                         |  |  |  |  |
| 4                           | CITIZENSH                       | IP OR PLACE OF ORGANIZATION                                 |  |  |  |  |
| S                           | BER OF<br>HARES<br>FICIALLY     | 5 SOLE VOTING POWER 0                                       |  |  |  |  |

| OWNED BY EACH               | 6 SHARED VOTING POWER<br>0                                |         |  |  |
|-----------------------------|-----------------------------------------------------------|---------|--|--|
| REPORTING<br>PERSON<br>WITH | 7 SOLE DISPOSITIVE POWER 0                                |         |  |  |
|                             | 8 SHARED DISPOSITIVE POWER 0                              |         |  |  |
| 9 AGGREGATE .               | AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON        |         |  |  |
|                             | IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN       | SHARES* |  |  |
| 11 PERCENT OF 0.0%          | CLASS REPRESENTED BY AMOUNT IN ROW (9)                    |         |  |  |
|                             | EPORTING PERSON*                                          |         |  |  |
|                             | CONTING FERSON                                            |         |  |  |
| IA, CO                      | +CEE INCEDIGETONG DEPONE BILLING OUT                      |         |  |  |
|                             | *SEE INSTRUCTIONS BEFORE FILLING OUT                      |         |  |  |
|                             | D                                                         |         |  |  |
| ~                           | Page 5 of 11 Pages                                        |         |  |  |
| CUSIP No. 0736851           | 3G Amendment No. 1(continued)                             |         |  |  |
|                             |                                                           |         |  |  |
|                             | R.S. IDENTIFICATION NO. OF ABOVE PERSON                   |         |  |  |
| Ronald Bar                  | con                                                       |         |  |  |
| 2 CHECK THE                 | APPROPRIATE BOX IF A MEMBER OF A GROUP*  (a) [ ]  (b) [ ] |         |  |  |
|                             |                                                           |         |  |  |
| 3 SEC USE ON                | NT I                                                      |         |  |  |
| 4 CITIZENSHI                | IP OR PLACE OF ORGANIZATION                               |         |  |  |
| USA                         |                                                           |         |  |  |
| SHARES                      | 5 SOLE VOTING POWER 0                                     |         |  |  |
| BENEFICIALLY OWNED BY EACH  | 6 SHARED VOTING POWER 1,070,000                           |         |  |  |
| REPORTING<br>PERSON<br>WITH | N 7 SOLE DISPOSITIVE POWER                                |         |  |  |
|                             | 8 SHARED DISPOSITIVE POWER                                |         |  |  |

1,070,000

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 1,070,000 \_\_\_\_\_\_ 10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES\* 11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9) -----12 TYPE OF REPORTING PERSON\* HC, IN \*SEE INSTRUCTIONS BEFORE FILLING OUT Page 6 of 11 Pages Item 1. (a) Name of Issuer: Beacon Roofing Supply, Inc. Address of Issuer's Principal Executive Offices: 1 Lakeland Park Drive Peabody, MA 01960 Item 2. (a) Name of Persons Filing: Baron Capital Group, Inc. ("BCG") BAMCO, Inc. ("BAMCO") Baron Capital Management, Inc. ("BCM") Ronald Baron Address of Principal Business Office: (b) 767 Fifth Avenue New York, NY 10153 (c) Citizenship: BCG, BAMCO and BCM are New York corporations. Ronald Baron is a citizen of the United States. Title of Class Securities: (d) Common (e) CUSIP Number: 073685109 Item 3. PERSONS FILING: BCG and Ronald Baron are: (g) Parent holding companies, in accordance with Section 240.13d-1(b)(ii)(G) BAMCO and BCM are: (e) Investment Advisers registered under Section 203 of the Investment Advisers Act of 1940 All persons filing are: (h) Group, in accordance with Rule 13d-1(b)(1)(ii)(F)

Page 7 of 11 Pages

#### Item 4. OWNERSHIP^

(a) Amount Beneficially Owned as of September 30, 2007:

BCG: 1,070,000 shares
BAMCO: 1,070,000 shares
BCM: 0 shares
Ronald Baron: 1,070,000 shares

(b) Percent of Class#:

BCG: 2.4% BAMCO: 2.4% BCM: 0.0% Ronald Baron 2.4%

^BCG and Ronald Baron disclaim beneficial ownership of shares held by their controlled entities (or the investment advisory clients thereof) to the extent such shares are held by persons other than BCG and Ronald Baron. BAMCO and BCM disclaim beneficial ownership of shares held by their investment advisory clients to the extent such shares are held by persons other than BAMCO, BCM and their affiliates.

Page 8 of 11 Pages

(c) Number of shares as to which such person has:

(i) sole power to vote or direct the vote:

BCG: 0
BAMCO: 0
BCM: 0
Ronald Baron: 0

(ii) shared power to vote or direct the vote:

BCG: 1,070,000 BAMCO: 1,070,000 BCM: 0 Ronald Baron: 1,070,000

(iii) sole power to dispose or to direct

the disposition of:\*

BCG: 0
BAMCO: 0
BCM: 0
Ronald Baron: 0

(iv) shared power to dispose or direct

the disposition of:\*

BCG: 1,070,000 BAMCO: 1,070,000 BCM: 0 Ronald Baron: 1,070,000

- Item 5. OWNERSHIP OF 5% OR LESS OF A CLASS Filing Persons have ceased being the beneficial owners of more than 5% of the filing class of securities reported herein.
- Item 6. OWNERSHIP OF MORE THAN 5% ON BEHALF OF ANOTHER PERSON Not applicable.
- Item 7. IDENTIFICATION AND CLASSIFICATION OF THE SUBSIDIARY WHICH ACQUIRED THE SECURITY BEING REPORTED ON BY THE PARENT HOLDING COMPANY

BAMCO and BCM are subsidiaries of BCG. Ronald Baron owns a controlling interest in BCG.

Item 8. IDENTIFICATION AND CLASSIFICATION OF MEMBERS OF THE GROUP See Item 3.

\* By virtue of investment advisory agreements with their respective clients, BAMCO and BCM have been given the discretion to dispose or the disposition of the securities in the advisory accounts. All such discretionary agreements, are however, revocable.

Page 9 of 11 Pages

Item 9. NOTICE OF DISSOLUTION OF GROUP

Not applicable.

Item 10. Certification

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired in the ordinary course of business and were not acquired for the purpose of and do not have the effect of changing or influencing the control of the issuer of such securities and were not acquired in connection with or as a participant in any transaction having such purposes or effect.

Signature

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Date: October 11, 2007

Baron Capital Group, Inc., BAMCO, Inc., and Baron Capital Management, Inc. By:

/s/ Ronald Baron

Ronald Baron, Chairman and CEO

Ronald Baron, Individually

By:

| /s/ | Ronald | Baron |  |  |
|-----|--------|-------|--|--|
|     | Ronald | Baron |  |  |

Page 10 of 11 Pages

Joint Filing Agreement

The undersigned each hereby agree that the Schedule 13G Amendment No. 1 dated October 11, 2007, which relates to the common stock of Beacon Roofing Supply, Inc. to be filed jointly on behalf of each of them for the reasons stated therein, and any amendments thereto shall be filed jointly by the undersigned.

Dated: October 11, 2007

Baron Capital Group, Inc., BAMCO, Inc., and Baron Capital Management, Inc. By:

/s/ Ronald Baron

Ronald Baron, Chairman and CEO

Ronald Baron, Individually
By:

/s/ Ronald Baron

Ronald Baron