Edgar Filing: Quanex Building Products CORP - Form 4

Quanex Bui Form 4	ilding Products Co	ORP										
May 31, 20												
FORM	$\mathbf{\Lambda} 4_{\text{UNITED}}$	STATES	SFCU	DITIES		FYC	HAN	GE COMMISSI(N		PPROVAL	
	UNITED	STATES		ashingto				GE COMMISSIC)11	OMB Number:	3235-02	287
Check this box									_	Expires:	January	31, 005
subject Section Form 4	to SIAIE N 16.	AENT OI	F CHANGES IN BENEFICIAL OWNERS SECURITIES)F	Estimated average burden hours per response		0.5
Form 5 obligation may con <i>See</i> Inst 1(b).	ons ntinue. Section 17((a) of the l	Public U		lding (Com	pany A	hange Act of 1934 Act of 1935 or Sec of 1940		I		
(Print or Type	Responses)											
1. Name and BUCK RO	Person [*]	2. Issuer Name and Ticker or Trading Symbol Quanex Building Products CORP [NX]				5. Relationship of Reporting Person(s) to Issuer						
						(Check all applicable)						
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)			X_ Director 10% Owner Officer (give title Other (specify below) below)						
1800 W LC 1500	DOP SOUTH, SU	IIE	05/26/2	2016								
	4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)							
HOUSTON, TX 77027						_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)	Tal	ble I - Non	-Deriva	tive S	ecuritie	es Acquired, Dispose	d of,	or Beneficia	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemo Execution any (Month/Day/Year)					5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Fc (D (I)	Ownership orm: Direct 0) or Indirect () nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	ſ			
				Code V	Amou		D) Pr	(Instr. 3 and 4)				
Reminder: Re	port on a separate line	e for each cl	ass of sec	curities ben	Pe	erson	s who	tly or indirectly. respond to the col ontained in this for			SEC 1474 (9-02)	
					dis		s a cui	spond unless the f rrently valid OMB c				
	Tab							or Beneficially Own ble securities)	ed			
1 Tide of	2 2 Turn	anation D-t	2 A D-	amad	4		5 N	abor of C Data Ex		able and 7	Title and A	

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	D

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock Units <u>(1)</u>	<u>(2)</u>	05/26/2016		А	872.544		(2)	(2)	Common Stock	872.544

Reporting Owners

Reporting Owner Name / Address	Relationships						
1 8	Director	10% Owner	Officer	Other			
BUCK ROBERT R 1800 W LOOP SOUTH SUITE 1500 HOUSTON, TX 77027	Х						
Signatures							
/s/ Paul B. Cornett, Power of Attorney		05/31/20)16				

<u>**</u>Signature of Reporting Person

Date

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) Units credited to the participant's account under the Deferred Compensation Plan as a result of deferral of Director Compensation.
- Each Phantom Stock Unit is the economic equivalent of one share of common stock. Distributions under the Deferred Compensation Plan(2) are made in cash beginning on a specified date selected by the participant or upon the participant's death, disability, or termination of service as a director.
- (3) Includes 33.269 phantom stock units credited to the participant's account as the result of prior dividend reinvestments.

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.