## Edgar Filing: Goforth Howard D - Form 4

Goforth Hov	vard D									
Form 4										
January 14, 2										
FORM		OMB APPROVAL								
UNITED STATES SECONTIES AND EXCHANCE COMMISSION							OMB Number:	3235-0287		
Check th	is box	Washington, D.C. 20549								
if no long		ENT OF (	WNERSHIP OF	Expires: January 31						
subject to Section 1	5			Estimated average burden hours per						
Form 4 o		SECURITIES						0.5		
Form 5	Filed purs	uant to Sec	ction 16(a) of th	ne Securitie	s Exch	ange Act of 1934,	response			
obligatio may cont						ct of 1935 or Section	1			
See Instr		30(h) of	f the Investment	Company	Act of	1940				
1(b).										
(Print or Type I	Pasmansas)									
(I fint of Type I	((esponses)									
1. Name and A	Address of Reporting F	Person <sup>*</sup>	2. Issuer Name and	l Ticker or Ti	ading	5. Relationship of	Reporting Pers	son(s) to		
Goforth Howard D Symbol				Issuer						
		BlueLinx Holdin	igs Inc. [BX	KC]		(Chook all continues)				
(Last)	(First) (M	liddle) 3.	. Date of Earliest T	ransaction		(Chec	k all applicable	e)		
	Ionth/Day/Year)			Director	Director 10% Owner					
BLUELINX CORPORATION, 4300 01/13/2009					Officer (give title Other (specify below) below)					
WILDWOOD PARKWAY Treasurer & CFO										
	(Street)	4.	. If Amendment, D	ate Original		6. Individual or Jo	int/Group Filin	g(Check		
			iled(Month/Day/Yea	-		Applicable Line)				
_X_ Form filed by						One Reporting Person				
ATLANTA, GA 30339 — Form filed by More than One Reporting Person										
(City)	(State) (	Zip)	Table I - Non-I	Darivativa Sa	curities	Acquired, Disposed of	or Banaficial	ly Owned		
1 77 41 6		24 D						-		
1.Title of Security	2. Transaction Date (Month/Day/Year)			4. Securitie on(A) or Disp			6. Ownership Form: Direct			
(Instr. 3)	()	any	Code	(Instr. 3, 4		Beneficially	(D) or	Beneficial		
		(Month/Day	/Year) (Instr. 8)			Owned Fallowing	Indirect (I)	Ownership		
						Following Reported	(Instr. 4)	(Instr. 4)		
					(A) or	Transaction(s)				
			Code V	Amount		Price (Instr. 3 and 4)				
Common	01/13/2009		А	138,123	A S	§ 0 258,123 (2)	D			
Stock	01/15/2007		Λ	(1)	11 (	, 0 - 250,125 <u>· · ·</u>	D			

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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Under Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address						
r o o o o o o o o o o o o o o o o o o o	Director	10% Owner	Officer	Other		
Goforth Howard D BLUELINX CORPORATION 4300 WILDWOOD PARKWAY ATLANTA, GA 30339			Treasurer	& CFO		
Signatures						
/s/ Matthew R. Nozemack, Attorney-in-Fact		01/14/	2009			
<u>**</u> Signature of Reporting Person		Dat	e			
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) These shares of common stock will vest three years from the date of grant.
- (2) 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.