DUNCAN SAM K Form 4 February 10, 2009

FORM 4

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

OMB Number: 3235-0287

burden hours per

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

OMB APPROVAL

Form 4 or Form 5 obligations may continue.

See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

response... 0.5

1(b).

Stock

(Print or Type Responses)

| | | | Symbol | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
|--|---|--|--|---|---------------|--|--|--|--|--|--|--|--|
| | | | OFFICEMAX INC [OMX] | | | | | (Check all applicable) | | | | | |
| (Last) (First) (Middle) 263 SHUMAN BLVD. | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | _X_ Director 10% Owner X Officer (give title Other (specify below) | | | | | |
| 203 SHOW | 02/08/2009 | | | | | | | | | | | | |
| (Street) 4. | | | | 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 | | | | | | | |
| NAPERVIL | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | Table I - Non-Derivative Securities Acq | | | | | uired, Disposed of, or Beneficially Owned | | | | | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) Execution any (Month/Day | | on Date, if | 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4) | | | | | |
| Common Stock | 02/08/2009 | | | Code V $A_{\underline{(1)}}$ | Amount 26,883 | (D) | Price \$ 0 | 368,987 | D | | | | |
| Common | 02/08/2009 | | | F | 31,817 | D | \$ 5.55 | 337,170 | 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.

SEC 1474

(9-02)

5.55

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if | 4. Transacti | 5. orNumber | 6. Date Exerc Expiration D | | 7. Title Amount | | 8. Price of Derivative | 9. Nu Deriv |
|---------------------|------------------------|---|--------------------------------------|-------------------------------|-----------------|----------------|----------------------------------|--------------------|--|--|------------------------|---|
| Security (Instr. 3) | | or Exercise Price of Derivative Security | (Monda, Day, Teal) | any (Month/Day/Year) | Code (Instr. 8) | of | (Month/Day/Year) /e s l | | Underlying Securities (Instr. 3 and 4) | ying ies | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title N | Amount or Number of Shares | | |

Reporting Owners

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

DUNCAN SAM K

263 SHUMAN BLVD. X Chief Executive Officer

NAPERVILLE, IL 60563

Signatures

/s/ Matthew R. Broad, POA for Sam 02/10/2009 Duncan

> **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) Additional restricted stock units were earned because OfficeMax's financial performance exceeded the targeted performance criteria.

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.

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