SECURITIES AND EXCHANGE COMMISSION

FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **2005-11-07** | Period of Report: **2005-11-03** SEC Accession No. 0001206774-05-001759

(HTML Version on secdatabase.com)

REPORTING OWNER

ADAMS L RAY

CIK:1184506

Type: 4 | Act: 34 | File No.: 001-09887 | Film No.: 051183598

Business Address 1000 SW BROADWAY SUITE 2200 PORTLAND OR 98683

ISSUER

OREGON STEEL MILLS INC

CIK:830260| IRS No.: 940506370 | State of Incorp.:DE | Fiscal Year End: 1231 SIC: 3312 Steel works, blast furnaces & rolling mills (coke ovens)

Mailing Address PO BOX 5368 PORTLAND OR 97228 Business Address 1000 SW BROADWAY STE 2200 PORTLAND OR 97205 5032405788

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPF	ROVAL				
OMB Number:	3235-0287				
Expires:	02/28/2011				
Estimated average b	urden				
houre par raepanca	0.5				

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Addres	ss of Reporting Perso $oldsymbol{Y}$	on *	2. Issuer Name and Ticker or Trading Symbol OREGON STEEL MILLS INC [OS]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/03/2005	X Officer (give title Other (specify below) below) VP Finance & CFO				
1000 SW BROA	DWAY, SUITE 22	200						
PORTLAND, OF	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing (Check applicable line) X Form Filed by One Reporting Person Form Filed by More than One Reporting Person				
(City)	(State)	(Zip)						

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)	2. Transaction Date (Month/ Day/Year)	I	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned	Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	V	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	
Common Stock								10,600	D	
Common Stock (ESOP)	11/04/2005		<u>S</u>		1,110	D	\$26.37	0	D	

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

1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/ Day/Year)	3A. Deemed Execution Date, if any (Month/ Day/ Year)	4. Transac Code (Instr. 8	ction	5. Nu of Deriv Secu Acqu (A) o Dispo	vative rities ired rosed of lastr. 3,	6. Date Exerc Expiration Dat Day/Year)	isable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Common Stock Options	\$27.05	11/03/2005		<u>s</u>			7,000	03/01/2001	02/28/2011	Common Stock	7,000	\$3.9	51,000	D	

Signatures

/s/ L. Ray Adams

** Signature of Reporting Person

11/04/2005

Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.