#### Edgar Filing: OFFICEMAX INC - Form 4

OFFICEN (A V INC

Form 4											
	ugust 02, 2005 FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL			
	Check this box if no longer subject to Section 16. Check this box							OMB Number:	3235-0287		
if no longe subject to Section 16								burden hou	Expires: January 31 2005 Estimated average burden hours per response 0.5		
Form 5 obligations may continue. See Instruction 1(b). 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											
(Print or Type Re	esponses)										
1. Name and Ad SHAW JANI	Name <b>and</b> Ticker or Trading MAX INC [OMX]				5. Relationship of Reporting Person(s) to Issuer						
(Last) OFFICEMAX INCORPORA ROAD	Earliest Transaction ny/Year) 05				(Check all applicable)          _X_ Director       10% Owner        Officer (give title below)       Other (specify below)						
	(Street)	treet) 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				
ITASCA, IL	60143						Form filed by N Person				
(City)	(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or				Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
Common Stock	07/29/2005		Code V A	Amount 1,516	(D) A	Price ( <u>1</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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	. Date Exercisable and Expiration Date Month/Day/Year)		le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

**Reporting Owner Name / Address** 

Relationships

10% Owner Officer Other

Director

Х

SHAW JANE E OFFICEMAX INCORPORATED 150 PIERCE ROAD ITASCA, IL 60143

## Signatures

/s/Matthew R. Broad POA for Jane E. Shaw

\*\*Signature of Reporting Person

Date

08/02/2005

# **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) Granted at no cost to reporting person.

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.