FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| ll li | |
|------------|--|
| ا برمین ا | |
| OMB Number | |

OMB Number: 3235-0287 Expires: December 31, 2014

OMB APPROVAL

Estimated average burden hours per response: 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* SCHNITZER GARY | | | | | SC | 2. Issuer Name and Ticker or Trading Symbol SCHNITZER STEEL INDUSTRIES INC SCHN] | | | | | | | | | | all app Direc | | g Persor | 10% C | wner |
|--|--|--|--|------------------------|--------------------------------------|--|--|--|-----------------------|--|--------|-------|---|------|--|------------------|--|---|--|---|
| (Last) | ust) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/07/2003 | | | | | | | | | X | belov | , | Other (s below) Scrap Operation | | |
| (Street) (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | ay/Year) if an | | A. Deemed Execution Date, f any Month/Day/Year) | | Code (Instr. | | | | | 4 and Securi Benefi Owned | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | Code | v | Amount | (A (D |) or) | Price | . 1 | Reported Transaction(s) (Instr. 3 and 4) | | | | (111501.4) | | | |
| Class A Common Stock 07/07/ | | | | | /2003 | 2003 | | S | | 20,000 | 0 | D | 43. | 3.26 | | 1,300 | Г |) | | |
| Class A Common Stock 07 | | | | 07/07 | 7/2003 | | | | S | | 20,000 | 0 | D | 43.9 | | 1,300(1) | | Γ |) | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | rcise (Month/Day/Year) if any (Month/Day/Year) itive | | Date, ny/Year) _ | 4. Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiratio (Month/D | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Number Title Shares | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Owr Fori Dire or Ir (I) (I | nership n: ct (D) idirect nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. The reporting person has indirect beneficial ownership of 8,750 shares of Class A Common Stock, held by Gary Schnitzer, Trustee for Gary Schnitzer, et al. under Trust Agreement dated January 30, 1970.

<u>Charles A. Ford, Attorney-In-</u> <u>Fact</u>

07/07/2003

** Signature of Reporting Person

Date

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

- * 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.