Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue Section 17(a) of th	n 4 il 13, 2006 ORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction					
(Print or Type Responses)						
1. Name and Address of Reporting Person <u>*</u> WASZ JOHN J	2. Issuer Name and Ticker or Trading Symbol Aleris International, Inc. [ARS]	5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle) 1700 EASTPOINT PARKWAY, SUITE 200	3. Date of Earliest Transaction (Month/Day/Year) 10/14/2005	(Check all applicable) <u>X</u> Director 10% Owner <u>X</u> Officer (give title Other (specify below) Executive VP				
(Street) LOUISVILLE, KY 40223	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 A	quired, Disposed of, or Beneficially Owned				
(Instr. 3) any	eemed 3. 4. Securities tion Date, if TransactionAcquired (A) or Code Disposed of (D) th/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or	5. Amount of Securities 6. Ownership 7. Nature of Beneficially (D) or Beneficial Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported Transaction(s) (Instr. 3 and 4)				
Common Stock, par value \$0.10 per share	Code V Amount (D) Price W 44 A \$0	43,567 D				
Common Stock, par value \$0.10		166 I 401(k)				

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

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information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

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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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	ate	7. Title Amou Under Securi (Instr.	nt of lying	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	Relationships					
	Director	10% Owner	Officer	Other		
WASZ JOHN J 1700 EASTPOINT PARKWAY SUITE 200 LOUISVILLE, KY 40223			Executive VP			
Signatures						
Christopher R. Clegg (POA)	04/13/2006	,				

**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).

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.