FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT	OF CHANG	ES IN BE	NEFICIAL	OWNERS	SHIP

	OMB APPROVAL						
	OMB Number:	3235-0287					
l	Estimated average burd	en					
l	hours per response:	0.5					

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 S	Sectio	n 30(h)	of the l	nvestme	nt Coi	mpany Act	of 1940								
1. Name and Address of Reporting Person* SHEAR DAVID MICHAEL					2. Issuer Name and Ticker or Trading Symbol LSB INDUSTRIES INC [LXU]									heck a	ionship of Reporting P all applicable) Director		10	10% Ov		
(Last) (First) (Middle) 16 SOUTH PENNSYLVANIA AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 05/09/2011									Λ	Officer (give title below) Senior VP/General Counsel/			ow)	
(Street) OKLAH(CITY (City)	OI		73107 Zip)		4. If	Ame	ndment,	Date o	f Origina	I Filed	I (Month/Da	ay/Year)			ne)	Form f	filed by One filed by More	Filing (Chece Reporting File than One	ersor	n
		Tabl	e I - No	n-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or E	Bene	eficia	lly O	wnec	t			
			2. Transaction Date (Month/Day/Year)		ur) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) I Of (D) (Instr. 3, 4			and Secur Benef Owne		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)		Price	т	Reported Transaction(s) Instr. 3 and 4)				,IIISU. 4)
Common Stock 05,			05/09	/2011	2011			S ⁽²⁾		5,000	2)]	D	\$44.	4.95 35,5		,581	I		By Trusts ⁽¹⁾	
		Та									sed of, onvertib				/ Owi	ned			,	
1. Title of Derivative Security (Instr. 3) Description of Exercise Price of Derivative Security Security Output Date (Month/Day/Year) If any (Month/Day (Month/Day) Month/Day Month/Day Month/Day Month/Day Month/Day Month/Day		n Date,	Date, Transaction Code (Instr.		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3			ve derivative Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	nip c 	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Sha							
		Reporting Person*																		

1. Name and Address of Reporting Person* SHEAR DAVID MICHAEL								
(Last)	(First)	(Middle)						
16 SOUTH PENNSYLVANIA AVENUE								
(Street) OKLAHOMA								
CITY	OK	73107						
(City)	(State)	(Zip)						
Name and Address of Reporting Person* SHEAR HEIDI L BROWN								
(Last)	(First)	(Middle)						
16 SOUTH PENNSYLVANIA AVENUE								
(Street)								
OKLAHOMA CITY	OK	73107						
(City)	(State)	(Zip)						

Explanation of Responses:

1. The designated reporting person is David M. Shear. Mr. Shear's spouse, Heidi L. Brown Shear, jointly files this report with Mr. Shear. Heidi Shear is Vice President, Managing Counsel and Assistant Secretary of the Issuer. These shares are held in an account jointly owned by David Shear's revocable trust, of which he is settlor and trustee, and Heidi Shear's revocable trust, of which she is settlor and trustee.

 $2.\ These\ shares\ were\ sold\ pursuant\ to\ a\ Rule\ 10b5-1\ sales\ plan,\ dated\ March\ 25,\ 2011.$

Remarks:

 David M. Shear
 05/11/2011

 Heidi L. Brown Shear
 05/11/2011

 ** Signature of Reporting Person
 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.