## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

wasinington,	D.C. 20349

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* SHEAR DAVID MICHAEL					2. Issuer Name <b>and</b> Ticker or Trading Symbol LSB INDUSTRIES INC [ LSBD ]									Check all a	onship of Reporting Person(s) to Issuer all applicable) Director 10% Owner Officer (give title Other (specify			ner		
(Last) (First) (Middle) 16 SOUTH PENNSYLVANIA AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 12/08/2003										Officer (give title below)  VP/General Coun		low)	Jecny	
(Street) OKLAHOMA CITY OK 73107					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ine) X Fo	lividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(City)	(51		zip) e I - Nor	n-Deriv	 ative	Se	curitie	es Acc	guired,	Disi	posed o	of, o	r Ben	efici	ally Ow	ned				
1. Title of Security (Instr. 3) 2. Tra			2. Trans	ansaction		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			(A) o	r 5. A and Sec Ben Owi	mount of urities eficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	Amount (A) or (D)		Pric	Trar	orted saction(s) r. 3 and 4)			nstr. 4)	
Common Stock 12,				12/08	2/08/2003				S		5,000	)	D	\$	6	2,600	I		By Trust <sup>(1)</sup>	
Common	Stock															810 D				
Common Stock																4,500	I		By Vife <sup>(2)</sup>	
		Та	ıble II - I								sed of, onvertib					d				
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. Transaction Code (Instr. 8)		n of i		6. Date Exercisa Expiration Date (Month/Day/Yea		•	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)			8. Price of Derivativ Security (Instr. 5)		Owners Form: Direct ( or Indir (I) (Inst	hip of B O) O ect (li	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal	Date Exercisable [		Amo or Num of Title Shar		nber						

## **Explanation of Responses:**

- 1. These shares were transferred in 2002 by Mr. Shear to his revocable trust, of which he is trustee and beneficiary.
- 2. These shares are owned by Mr. Shear's wife, the beneficial ownership of which is disclaimed by Mr. Shear. This amount does not include, and Mr. Shear disclaims beneficial ownership of shares held by two trusts established for the benefit of each of the son and daughter of Mr. Shear and Heidi Brown Shear for which Mrs. Shear is trustee and exercises investment control over the trusts' portfolio securities, and shares held by three trusts, each one established for the benefit of one of the three children of Jack E. Golsen and Sylvia H. Golsen for which Mrs. Shear is trustee and exercises investment control over the trusts' portfolio securities, and disclaims beneficial ownership in the trusts.

David M. Shear 12/10/2003

\*\* 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.