FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF C	CHANGES	IN	BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL				
	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 Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>ACKERMAN RAYMOND BASIL</u>					2. Issuer Name and Ticker or Trading Symbol LSB INDUSTRIES INC [LXU]										ck all applic	able)	orting Person(s) to Issuer 10% Owner			
(Last) 16 SOUTH	(First) (Middle) OUTH PENNSYLVANIA AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 03/09/2011									er (give title v)		Other (specify below)		
(Street) OKLAHOMA CITY OK 73107					4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta		ip)																	
1. Title of Security (Instr. 3)			2. Transa Date	2. Transaction Date Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		Dispaction (Instr.	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or	5. Amour Securitie Beneficia Owned F	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amount	Amount (A) or (D)		Price	Transact	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock				03/09	9/2011				S		1,000) I)	\$36	7,600			I	By Spouse's Trust ⁽¹⁾	
Common Stock														1,450				By Trust ⁽²⁾		
		Та									sed of, onvertil				Owned				'	
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date, Transact Code (In					6. Date E Expiratio (Month/D	n Date	•	7. Title and Amount of Securities Underlying Derivative Se (Instr. 3 and 4			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ow For Iy Dir or I (I) (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	O N O	lumber						
Nonqualified Stock Option ⁽³⁾	\$7.86								(3)	1	11/13/2018	Commo Stock		5,000		5,000		D		

Explanation of Responses:

- 1. These shares are held by the Lucille F. Ackerman Living Trust, a revocable trust, of which the reporting person's spouse is the settlor and trustee and possesses a vested interest in the income and corpus of the
- 2. These shares are held by the Raymond B. Ackerman Living Trust, a revocable trust, of which Mr. Ackerman is the settlor and trustee and possesses a vested interest in the income and corpus of the trust.
- 3. Nonqualified Stock Option ("NQSO") granted by the Issuer to the reporting person under the Issuer's 2008 Incentive Stock Plan. The NQSO is for a term of ten years from the date of grant, and the exercise price of the NQSO is based on the fair market value of the Issuer's common stock on the date of grant. This NQSO vests at the end of years one through six in the following amounts: 16.5%, 16.5%, 16.5%, 16.5%, 16.5% and 17.5%. This NQSO will be fully vested at the end of year six.

Remarks:

Raymond B. Ackerman

03/10/2011

** 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.