FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL									
OMB Number: 3235-0104									
Estimated average burden									
hours per response:	0.5								

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*  MAGUIRE CHERYL  2. Date of Event Requiring Statement (Month/Day/Year) 12/30/2018					3. Issuer Name <b>and</b> Ticker or Trading Symbol  LSB INDUSTRIES INC [ LXU ]							
(Last) 3503 NW 63R	(Last) (First) (Middle) 3503 NW 63RD STREET, SUITE 500				Relationship of Reporting Pers (Check all applicable)     Director			10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) OKLAHOMA CITY	KLAHOMA OK 73116				X	X Officer (give title below) Sr. VP/CFC	Other (specify below)		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 Beneficially Owned												
1. Title of Security (Instr. 4)						int of Securities ially Owned (Instr.	4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						32,552		D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable an Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Secur			ity (Instr. 4) Con		sion cise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	n Title	•		Amount or Number of Shares	Price of Derivat Securit	ive	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

/s/ Cheryl Maguire

01/08/2019

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.