## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D	C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

**OMB APPROVAL** OMB Number: 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* BROWN ROBERT C MD					2. Issuer Name and Ticker or Trading Symbol LSB INDUSTRIES INC [ LXU ]									(Ch	elationship of a color of the c			on(s) to Issu 10% Ow			
(Last) (First) (Middle) 16 SOUTH PENNSYLVANIA AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 03/28/2011										Officer below)	(give title		Other (s below)	pecify			
(Street) OKLAHO CITY (City)	MA OK		3107		4. If Amendment, Date of Original Filed (Month/Day/Year)								·)	Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
		Table	e I - Nor	n-Deriv	ative	Sec	uritie	s Ac	quired,	Dis	posed o	f, or	Bene	ficiall	y Owned						
Date			Date			2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.					(A) or 3, 4 and	5. Amour Securitie Beneficia Owned F	s ally following	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	: Direct   I	'. Nature of ndirect Beneficial Ownership			
									Code	v	Amount	unt (A) or P		Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)		
Common S	tock			03/28	3/2011				S <sup>(1)</sup>		10,000	0	D	\$40	21,	By and Spo			By Trust and Spouse's Frust <sup>(1)</sup>		
Common Stock				03/28				S <sup>(2)</sup>		10,000		D	\$40	40,727			I G	Robert C. Brown, M.D., inc. <sup>(2)</sup>			
		Та									osed of, onvertib				Owned		ı				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	ate, Transact				6. Date E Expiratio (Month/D	n Date	е	7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e C S F Illy C	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	1	Amount or Number of Shares							
Nonqualified Stock	\$7.86								(3)		11/13/2018	Comi		5,000		5,000		D			

## **Explanation of Responses:**

- 1. These shares were sold pursuant to a Rule 10b5-1 sales plan, dated March 10, 2011. These shares are held in a joint account owned by the Robert C. Brown Revocable Trust, DTD 08/27/99, of which the reporting person is settlor and trustee and the Zelda F. Brown Revocable Trust, DTD 08/27/99, of which the reporting person's spouse is settlor and trustee.
- 2. These shares were sold pursuant to a Rule 10b5-1 sales plan, dated March 10, 2011.
- 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 November 13, 2008, 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:

Robert C. Brown, M.D.

\*\* Signature of Reporting Person

Date

03/30/2011

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.