SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Murdy William F			. Date of Event Requiring Staten Month/Day/Year 16/05/2014	nent	3. Issuer Name and Ticker or Trading Symbol <u>LSB INDUSTRIES INC</u> [LXU]						
(Last) (First) (Middle) 16 SOUTH PENNSYLVANIA AVENUE					4. Relationship of Reporting Perso (Check all applicable) X Director		on(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) OKLAHOMA CITY (City)	OK (State)	731072 (Zip)				Officer (give title below)	Other (spe below)		plicable Line) X Form filed b	/Group Filing (Check y One Reporting Person y More than One erson	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				2.	2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership 4		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						500	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expiratio			Expiration Da	Date Exercisable and Diration Date Donth/Day/Year)		3. Title and Amount of Securit Underlying Derivative Securit		4. Conversio or Exercis	e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of Re			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Remarks:

William F. Murdy

05/29/2014

** 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 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.