## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

Vachington	$D \subset$	20540
Washington,	D.C.	20549

Washington, D.C. 205

OMB APP	PROVAL					
OMB Number:	3235-0362					
Estimated average h	nurden					

Instruction 1(b)

Form 3 Holdings Reported.								ho	hours per response: 1.0									
Form 4	1 Transactions	Reported.	Fil	ed pursuant t or Sectio					urities Excha Company Ad									
1. Name and Address of Reporting Person*  ADAMS MICHAEL G				2. Issuer Name and Ticker or Trading Symbol LSB INDUSTRIES INC [ LXU ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner							
(Last)	`	irst) (	Middle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2014  VP-Fina									belov	r (specify v)			
(Street) OKLAH CITY	OMA O	K :	73107	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Line)  X Form filed by One Reporting Perform filed by More than One Reperson						rson								
(City)	(S	tate) (	Zip)										1 0100					
		Tab	le I - Non-Deri	vative Sec	uriti	es A	cquire	d, D	isposed	of, or E	Benefici	ally (	Owne	d				
Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		e, Transaction Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			or Dispose	5. Amou Securitie Benefici Owned a		es Owner		rship Direct	7. Nature of Indirect Beneficial Ownership		
			(WOIIII/Day	(Month/Day/Year)		8)		unt	(A) or (D) Price		Issue				ct (I)	(Instr. 4)		
Common	Stock		12/29/2014				G		1,000	D	\$ <mark>0</mark>	19,425		425		I By Trust <sup>(1)</sup>		
		Т	able II - Deriva (e.g., p	tive Secu outs, calls									vned					
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)	5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5	rities ired r osed )	Expiration (Month/I		Date Exercisable and xpiration Date Ionth/Day/Year)		nd of es ng ve Security and 4)  Amount or			9. Numb derivativ Securiti Benefici Owned Followir Reporte Transac (Instr. 4)	ve es ially ng ed etion(s)	10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)	
				(A) (D) Date Expiration Date Title					Number of Shares									
Incentive										Common	1					_		

## **Explanation of Responses:**

- 1. These shares are held by the reporting person's revocable trust of which he is the settlor and trustee and possesses a pecuniary interest in the securities held by the trust.
- 2. Incentive Stock Options ("ISO") granted by the Issuer to the reporting person under the Issuer's Incentive Stock Option Plans. An ISO for 15,000 shares of the Issuer's common stock exercisable at \$7.86, with an expiration date of November 13, 2018, was granted to the reporting person on November 13, 2008. This ISO vests at the end of years one through six in the following amounts: 16.5%, 16.5%, 16.5%, 16.5% and 17.5%. This ISO will be fully vested at the end of year six. As of the date of this report, the total number of shares underlying the ISO held by the reporting person is 3,575.

## Remarks:

Option<sup>(2)</sup>

Michael G. Adams

01/09/2015

\*\* 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.