Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DС	20549
rvasiliigion,	D.C.	20040

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
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* ROEDEL RICHARD					2. Issuer Name and Ticker or Trading Symbol LSB INDUSTRIES, INC. [LXU]								(Che	eck all app	tionship of Reporting F all applicable) Director		son(s) to Is		
(Last)	(Fir	est) (f	/liddle)			Date of Earliest Transaction (Month/Day/Year)							Office below	er (give title v)		Other (s below)	specify		
202 NUECES ST, #2406					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														2	X Form filed by One Reporting Person				
AUSTIN	TX	7	8701											Form Perso	filed by Mo on	re than	One Repo	orting	
(City)	(St	ate) (Z	ľip)		Rul	Rule 10b5-1(c) Transaction Indication													
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											nded to							
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or I	3en	eficial	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution y/Year) if any		ution [tion Date, Trai		4. Securities A Disposed Of (I Instr. 5)		s Acquired (A) or of (D) (Instr. 3, 4 ar		(A) or 3, 4 and	Benefic	ties cially I Following	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or	Price	Transa	action(s) 3 and 4)			(Instr. 4)
Common Stock 05/24/2					2024		A		10,825 ⁽¹⁾ A		\$9.7	109,112			D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, Truirity or Exercise (Month/Day/Year) if any		Transa Code (ansaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		f C	8. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code V		(A)	(D)	Date Exercis	sable	Expiration Date			mber					

Explanation of Responses:

1. Restricted Stock Units granted pursuant to the LSB Industries, Inc. 2016 Long Term Incentive Plan, as amended. Each Restricted Stock Unit represents a right to receive one share of common stock of LXU which, following the May 24, 2024 grant date, shall be nonforfeitable. Pursuant to the terms of the LSB Industries, Inc. Nonqualified Deferred Compensation Plan for Non-Employee Directors, the Restricted Stock Units will be settled in common stock of LXU within 90 days following the earlier to occur of: (i) the director's separation from service and (ii) the occurrence of a change of control.

/s/ Michael J. Foster, Attorney-in-Fact

05/29/2024

** 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.