FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO |)VAL | | | | |
|------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
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| hours per response: | 0.5 | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* MUNSON DONALD W | | | | | | 2. Issuer Name and Ticker or Trading Symbol LSB INDUSTRIES INC [LXU] | | | | | | | | | | tionship of Reporting F all applicable) Director | | ., | ssuer Owner |
|--|--|----|------------|---|---|---|--|-----|------------------|--|---------------------|---|---|--------|----------------------|--|---|---|--|
| | ast) (First) (Middle) WILLOWBANK OWER HAMPTON ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/11/2007 | | | | | | | | | | Office below | er (give title v) | Other below | (specify |
| (Street) SUNBURY-ON- THAMES (City) (State) (Zip) | | | |) | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Indiv ine) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | | nth/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Dispo | | rities Acquired (A) ed Of (D) (Instr. 3, | | | 4 and Sec Ben | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | , | Transaction(s) (Instr. 3 and 4) | | | (11301. 4) |
| Common Stock 12/1 | | | | | 12/11/2007 | | | | S | | 5,000 | | D | \$22.8 | | 11,740 | | D | |
| | | Та | ble II - D | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date (Month/Day/Year) | | if any | | 4. Transaction Code (Instr. 8) | | n of Deri Sec Acq (A) o Disp of (I (Ins | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | ice of vative urity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code V | | (A) | (D) | Date Exercisa | | Expiration Date | Number of Shares | | | | | | | |

Explanation of Responses:

Donald W. Munson

12/14/2007

** 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.