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

1. Name and Address of Reporting Person* Greenwell Daniel D 2. Date of E Requiring S (Month/Day) 06/05/201				nent	3. Issuer Name and Ticker or Trading Symbol LSB INDUSTRIES INC [LXU]						
(Last) 16 SOUTH PE	(First) ENNSYLVANI	(Middle) A AVENUE				4. Relationship of Reporting Person(s) to (Check all applicable) X Director 10%			(Month/Day/Year)		
(Street) OKLAHOMA CITY	ОК	73107				Officer (give title below)	Other (sp below)	ecify		icable Line) Form filed b	Group Filing (Check y One Reporting Person y More than One erson
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						unt of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						1,000	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercis Expiration Date (Month/Day/Yea			ate		or E		4. Conve	ercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratio Date	n Title	e	Amount or Number of Shares	Deriva Securi	ative	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

Remarks:

Daniel D. Greenwell 06/05/2014

** 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.