FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APP	ROVAL
l	OMB Number:	3235-0287
I	Estimated average b	ourden

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

Instruct	ons may cor ion 1(b).	ıtınue	. See		File							es Exchan			34			hours	per re	esponse:	0.5	
Name and Address of Reporting Person* 2. Issu							or Section 30(h) of the Investment Company Act of 1940 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						
· · · · · · · · · · · · · · · · · · ·							3. Date of Earliest Transaction (Month/Day/Year) 08/15/2008										Officer (give title below) Senior VP/Gene		eral	below)	·	
(Street) OKLAHOMA CITY OK 73107						4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(City)	((State		Zip)			_															
Table I - Non-Derivat 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						ction 2A. Deemed Execution Date,		3. Transa Code (ction	4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			(A) o) or 5. A 4 and Se Be Ow		Amount of ecurities eneficially wned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
											v	Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 08/15/2008									S ⁽²⁾		500		D ⁽²⁾		23.5	10	105,081		I	By Trusts ⁽¹⁾		
Common	Stock												13,988			I	As Trustee ⁽³⁾					
			Та									sed of, onvertib					wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercis Price of Derivative Security	on D se (I	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transactio Code (Inst B)		on of		6. Date Exercis Expiration Date (Month/Day/Ye		able and 7. ar) So		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)				9. Number or derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v			Date Exercisa		Expiration Date	Titl	or Nun of	ount mber ires							
			eporting Person* MICHAEL																			
(Last) (First) (Middle) 16 SOUTH PENNSYLVANIA AVENUE																						
(Street) OKLAHO	OMA	0	K	7310	07																	

(City) (State) Explanation of Responses:

(State)

(First)

OK

16 SOUTH PENNSYLVANIA AVENUE

1. Name and Address of Reporting Person* <u>SHEAR HEIDI L BROWN</u> (Zip)

(Middle)

73107

(Zip)

(City)

(Last)

(Street)
OKLAHOMA

CITY

This amount does not include, and David Shear disclaims beneficial ownership of 13,988 shares held by two trusts established for the benefit of each of the reporting persons' children. Please see footnote (3) for a description of the children's trusts.

- 2. These shares were sold pursuant to a Rule 10b5-1 Sales Plan adopted on March 14, 2008.
- 3. These shares are held by two trusts established for the benefit of each of the reporting persons' children, of which Heidi Shear is the trustee and exercises investment and dispositive control over the trusts' portfolio securities.

 David M. Shear
 08/19/2008

 Heidi L. Brown Shear
 08/19/2008

 ** 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.