FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* Packebush Steven L	2. Date of Event Requiring Statement (Month/Day/Year) 05/14/2020 3. Issuer Name and Ticker or Trading Symbol LSB INDUSTRIES INC [LXU]							
(Last) (First) (Middle) 3503 NW 63RD STREET, SUITE 500 (Street) OKLAHOMA OK CITY OK 2238 (City) (State) (Zip)			4. Relationship of Reportin Issuer (Check all applicable) X Director Officer (give title below)	10% C	wner (specify	Filed	If Amendment, Date of Original ed (Month/Day/Year) Individual or Joint/Group Filing neck Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person	
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)	Form: [(D) or li			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
No securities are beneficially owned			0	I	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of S Underlying Derivative S (Instr. 4)		curity Convers		ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.
				Amount or Number	Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

Michael J. Foster, Attorney-in-Fact

05/26/2020

** 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.