SEC Form 4	
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL									
OMB Number:	3235-0287								
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Estimated average burden	

1. Name and Address of Reporting Person* ADAMS MICHAEL G (Last) (First) (Middle) 16 SOUTH PENNSYLVANIA AVENUE		(Middle)	2. Issuer Name and Ticker or Trading Symbol LSB INDUSTRIES INC [ LXU ] 3. Date of Earliest Transaction (Month/Day/Year) 11/10/2008		ationship of Reporting Person(s) to Issuer (all applicable) Director 10% Owner Officer (give title Other (specify below) below) VP/Corporate Controller		
(Street) OKLAHOMA CITY (City)	OK (State)	73107 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	ridual or Joint/Group Filir Form filed by One Rep Form filed by More tha Person	porting Person	

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)		Disposed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock	11/10/2008		М		10,000	A	\$1.25	10,000	D		
Common Stock	11/10/2008		G	v	10,000	D	\$ <mark>0</mark>	0	D		
Common Stock	11/10/2008		G	v	10,000	A	\$0	11,304	Ι	By Trust <sup>(1)</sup>	

# 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Deri Sec Acq (A) ( Disp of (I	umber vative urities uired or oosed O) (Instr. and 5)	Expiration Date (Month/Day/Year)		te of Securities		ecurities Derivative erlying Security vative Security (Instr. 5)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Incentive Stock Option <sup>(2)</sup>	\$1.25	11/10/2008		М			10,000	(2)	07/08/2009	Common Stock	10,000	(2)	0	D	
Incentive Stock Option <sup>(2)</sup>	\$2.73							(2)	11/29/2011	Common Stock	10,000		10,000	D	

#### Explanation of Responses:

1. These shares are held by the reporting person's revocable trust of which he is the settlor and trustee and possesses a pecuniary interest in the securities held by the trust. Prior to the exercise of the Incentive Stock Options described herein, the reporting person held 1,304 shares of the Issuer's common stock in his revocable trust.

2. These are Incentive Stock Options ("ISO") granted by the Issuer to the reporting person. All ISOs the reporting person holds are currently exercisable. As of the date of this report, the total number of shares underlying the ISOs the reporting person holds is 10,000.

Michael G. Adams

\*\* Signature of Reporting Person

11/11/2008

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.