FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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

Name and Address of Reporting Person* Peninger Diana M	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 03/06/2020 3. Issuer Name and Ticker or Trading Symbol LSB INDUSTRIES INC [LXU]					
(Last) (First) (Middle) 3503 NW 63RD ST, SUITE 500			4. Relationship of Reporting Issuer (Check all applicable)	,,		5. If Amendment, Date of Original Filed (Month/Day/Year)	
(Street) OKLAHOMA CITY OK 73116 (City) (State) (Zip)			X Director Officer (give title below)	10% C Other below)	(specify	6. Individual or Joint/Group Filing (Check 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)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
No securities are beneficially owned			0	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4) 2. Date Expiration (Month/I			3. Title and Amount of Se Underlying Derivative Se (Instr. 4)		4. Conversion Exerci	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.
	Date Exercisable	Expiration Date		Amount or Number of Shares	Price of Derivativ Security		5)

Explanation of Responses:

/s/ Michael J. Foster,

Attorney-in-Fact

** Signature of Reporting

Person

Date

03/13/2020

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.