Edgar Filing: LSB INDUSTRIES INC - Form 4

LSB INDUS	FRIES INC										
Form 4											
January 16, 2	015										
FORM	Λ								OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check this if no long		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Expires:	January 31, 2005	
subject to STATEMENT OF CHAR Section 16. Form 4 or				SECURITIES					Estimated a burden hour	rs per	
Form 4 or Form 5		manament to S	action 1	f(a) of the	- Coounit		vohonov	h A at of 1024	response	0.5	
obligation	_ ^						•	e Act of 1934, 1935 or Section	n		
may conti See Instru	nue.			vestment	•	- ·			11		
1(b).											
(Print or Type R	esponses)										
BURTCH CHARLES A Symbol				er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
				NDUSTRIES INC [LXU]				(Check all applicable)			
(Last) (First) (Middle) 3. Date of			of Earliest Transaction			(Check an applicable)					
			/Day/Year)			_X_Director10% Owner					
16 SOUTH PENNSYLVANIA 01/15/20 AVENUE 01/15/20				015				Officer (give below)	title Othe below)		
	(Street)	et) 4. If Amer			ndment, Date Original			6. Individual or Joint/Group Filing(Check			
Filed(Mor			onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
OKLAHOM	A CITY, OK 73	3107							Iore than One Re		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ities Acq	uired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	any				4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)			Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	01/15/2015			A	$236 \frac{(2)}{(2)}$. /	\$ 31.77	3,711	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	s 1 1		(Instr. 3 and 4)		8. D S(
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Nonqualified Stock Option (1)	\$ 7.86					<u>(1)</u>	11/13/2018	Common Stock	2,525	

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Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
BURTCH CHARLES 16 SOUTH PENNSYL OKLAHOMA CITY, O	Х						
Signatures							
Charles A. Burtch	01/16/2015						
**Signature of	Date						

Explanation of Responses:

- 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).

Nonqualified Stock Option ("NQS") granted by the Issuer to the reporting person under the Issuer's 2008 Incentive Stock Plan. The NQSO is for a term of ten years from the date of grant, and the exercise price of the NQSO is based on the fair market value of the

- (1) Issuer's common stock on the date of grant. This NQSO vests at the end of years one through six in the following amounts: 16.5%, 16.5%, 16.5%, 16.5%, 16.5% and 17.5%. This NQSO will be fully vested at the end of year six.
- (2) These shares were issued in lieu of cash director fees pursuant to the Issuer's Outside Directors Stock Purchase Plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Person