Edgar Filing: MAGUIRE CHERYL - Form 4

MAGUIRE (Form 4											
January 08, 2) STATES	SECUR	TTIES A	ND EXC	HAN	IGE (OMMISSION		PPROVAL	
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								Number:	3235-0287	
Check this box				GES IN BENEFICIAL OWN SECURITIES				NERSHIP OF	Expires: Estimated a burden hou response	rs per	
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17 inue. action	7(a) of the	Public Ut		ling Com	pany	Act of	e Act of 1934, f 1935 or Sectio 40	n		
(Print or Type F	(esponses)										
MAGUIRE CHERYL Symbo			Symbol	Issuer Name and Ticker or Trading ^{Ibol} B INDUSTRIES INC [LXU]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Check						k all applicable	all applicable)	
3503 NW 63 500	3RD STREET,	SUITE	(Month/D 12/30/20	-				Director X Officer (give below)		o Owner er (specify	
	(Street) 4. If Amer Filed(Mon				te Original			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
OKLAHOM	IA CITY, OK 7	3116						Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	any		med on Date, if Day/Year)	Code	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) (A)			Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	12/30/2018			Code V A	Amount 20,556 (1)	or (D) A	Price \$ 5.4	Transaction(s) (Instr. 3 and 4) 53,108	D		
Common Stock	12/30/2018			А	20,556 (2)	А	\$ 5.4	73,664	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.

Edgar Filing: MAGUIRE CHERYL - Form 4

 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)		ate	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
MAGUIRE CHERYL 3503 NW 63RD STREET, SUITE 500 OKLAHOMA CITY, OK 73116			Sr. VP/CFO			
Signatures						

/s/ Cheryl 01/08/2019 Maguire

**Signature of Reporting Person 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).
- Restricted Stock Award pursuant to the LSB Industries, Inc. 2016 Incentive Stock Plan. One-third of the award will vest on the first(1) anniversary of the grant date, and each subsequent anniversary, such that 100% of the award shall be vested on the third anniversary of the grant date.

Restricted Stock Award pursuant to the LSB Industries, Inc. 2016 Incentive Stock Plan. The Restricted Stock granted under this award will vest on the third anniversary of the grant date subject to the achievement of certain performance metrics established by the Board of

(2) Will vest on the unit anilytersary of the grant date subject to the achievement of certain performance metres established by the Board of Directors as set out in the grant. Upon third anniversary grant ay be modified in a range between 0 and 200% based upon achievement of the performance goals.

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.