Edgar Filing: STAFFORD THOMAS P - Form 4

STAFFORD	THOMAS P										
Form 4	_										
May 13, 200											
FORM		STATE	SECUD	ITIES AT		чили	NCE	COMMISSION	т	PPROVAL	
	UNITED	SIAIE					NGE		OMB Number:	3235-0287	
Check thi	is box		Washington, D.C. 20549							January 31,	
if no longer STATEMENT OF CHA				NGES IN BENEFICIAL OWNERSHIP					Expires: 20		
subject to Section 1					SECURITIES				Estimated average burden hours per		
Form 4 or									response 0.5		
Form 5 obligation	1 0	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section									
may cont	inue. Section 17(of the Inv	•	•				n		
See Instru 1(b).	iction	50(II)	of the m	vestment	Compan	y Act	. 01 19	40			
1(0).											
(Print or Type R	Responses)										
CTAFEODD THONAG D				Name and	Ticker or '	Fradin	g	5. Relationship of Reporting Person(s) to Issuer			
STAFFORL	THOMAS P		Symbol			ריד		issuel			
			NL INDUSTRIES INC [NL]					(Check all applicable)			
(Last)	(First) (1	Middle)			Earliest Transaction			_X_Director10% Owner			
			(Month/D) 05/12/20	nth/Day/Year) 12/2009				Officer (give title Other (specify			
		11100	03/12/20					below)	below)		
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Mon	th/Day/Year)				Applicable Line) _X_ Form filed by	One Reporting P	erson	
DALLAS, T	X 75240							Form filed by M	More than One R		
								Person			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction Dat			3.	4. Securi			5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	on Date, if		TransactionAcquired (A) or				Form: Direct	Indirect Beneficial Ownership		
(Instr. 3)		/Day/Year)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				Beneficially Owned	D) or indirect (I)			
		,	, ,	. ,				Following	Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Code V	Amount	or	Price	(Instr. 3 and 4)			
Common				Coue v	Amount	(D)	Thee				
stock	05/12/2000			A (1)	1 000	•	(1)	0.000	D		
\$0.125 par	05/12/2009			A <u>(1)</u>	1,000	А	<u>(1)</u>	8,000	D		
value											

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)

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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 Under Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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		Officer	Other			
STAFFORD THOMAS P 5430 LBJ FREEWAY, SUITE 1700 DALLAS, TX 75240	Х						
Signatures							
A. Andrew R. Louis, Attorneyy-in-fac Stafford	05/12/2009						
**Signature of Reporting Per		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).

(1) Shares issued for no cash consideration to nonemployee directors under the NL Industries, Inc. 1998 Long-Term Incentive 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.