FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Add	F (I	2. Date of Event Requiring Statement (Month/Day/Year) 09/24/2004 3. Issuer Name and Ticker or Trading Symbol COMPX INTERNATIONAL INC [CIX]									
(Last) 5430 LBJ FRI	(First) EEWAY	(Middle)			4. Relationship of Reporting Perso (Check all applicable) Director X	on(s) to Issue			amendment, Da th/Day/Year)	ate of Original Filed	
SUITE 1700					Officer (give title below)	Other (spe below)			cable Line)	/Group Filing (Check	
(Street)								X		y One Reporting Person	
DALLAS	TX	75240-2697							Form filed by Reporting Po	y More than One erson	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Class A Common Stock \$0.01 par value					374,000	D					
Class B Common Stock \$0.01 par value					10,000,000	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securit		4. Convers	cise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratior Date	Title	Amount or Number of Shares	Price of Derivati Security	ive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

A. Andrew R. Louis, Assistant

Secretary, for NL Industries, 09/28/2004

Inc.

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).