SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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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

1. Name and Address of Reporting Person [*] Simmons Michael Shawn			Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 05/19/2022 3. Issuer Name and Ticker or Trading Symbol NL INDUSTRIES INC [NL]						
(Last) 5430 LBJ F SUITE 170 (Street) DALLAS (City)		(Middle) 75240 (Zip)			Issuer	ationship of Reporting all applicable) Director Officer (give title below) Executive Vice	10% C Other below)	wner (specify	A Person	/Year) int/Group Filing > Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Sec				int of Securities ially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Se (Instr. 4)			4. Conversio or Exercis	e Form:	6. Nature of Indirect Beneficial Ownership (Instr.
I I-			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

No securities are beneficially owned.

Jane R. Grimm, Attorneyin-fact, for Michael Shawn 05/19/2022 Simmons, Executive Vice **President** ** Signature of Reporting Date Person

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.