FORM 4

to Section 16. Form 4 or Form obligations may continue. See

Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Machinatan  | D C  | 20540 |  |
|-------------|------|-------|--|
| Nashington, | D.C. | 20049 |  |

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|---|------------------------------------|-----------|
|   |                                    |           |
|   |                                    |           |

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

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

| Name and Address of Reporting Person*     Mendes Meredith W. |  |  |                               |                              | 2. Issuer Name and Ticker or Trading Symbol  KRONOS WORLDWIDE INC [ KRO ] |   |        |       |  |          |   |   |                         | ck all app<br>Direc                          | tionship of Reportin<br>all applicable)<br>Director  |   | 10% O   | wner   |            |
|--|--|--|-------------------------------|------------------------------|---|---|--------|-------|--|----------|---|---|-------------------------|--|--|---|---|--|------------|
| (Last)<br>5430 LB  | (Fir<br>J FREEWA   | ,  | Middle)                       |                              |   | 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2022 |        |       |  |          |   |   |                         |  | Office<br>below  | er (give title<br>/)  |   | Other (<br>below)  | specify    |
| SUITE 1  | 700  |  |                               |                              | 4. If Amendment, Date of Original Filed (Month                            |   |        |       |  |          | d (Month/Da                                   | ıy/Year   | )                       | 6. Inc                                       |  | Joint/Grou  | p Filing  | (Check A   | Applicable |
| (Street)  DALLA  | S TX   |  | 5240                          |                              |   |   |        |       |  |          |   |   |                         | X  | Form   | filed by On<br>filed by Mo  |   | Ü  |            |
| (City)   | (St  | ate) (Ž                                    | Zip)                          |                              |   |   |        |       |  |          |   |   |                         |  |  |   |   |  |            |
|  |  | Table                                      | I - Nor                       | n-Deriva                     | tive S  | Secu  | rities | Acq   | uired,   | Dis      | posed of                                      | , or E  | 3ene                    | ficiall                                      | y Own  | ed  |   |  |            |
| Date   |  |  | 2. Transa<br>Date<br>(Month/D | Day/Year) if an              |   | A. Deemed<br>xecution Date,<br>any<br>Month/Day/Year)       |        |       |  | Disposed | curities Acquired (A<br>osed Of (D) (Instr. 3 |   |                         | Benefic                                      | ies<br>cially<br>Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |            |
|  |  |  |                               |                              |   |   |        | Code  | v  | Amount   | (A)<br>(D)                                    | or F  | Price                   | Transa                                       | saction(s)<br>r. 3 and 4)  |   |   | (IIIStr. 4)  |            |
| Common Stock \$0.01 par value 05/                            |  |  | 05/18/                        | /2022                        |   | <b>A</b> <sup>(1)</sup>                                     |        | 1,200 | 0 A  |          | (1)   | 6,950   |                         | D  |  |   |   |  |            |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |                               |                              |   |   |        |       |  |          |   |   |                         |  |  |   |   |  |            |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)          | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | if any                        | med<br>on Date,<br>Day/Year) |   | Transaction of Code (Instr. Derivative                      |        |       | 6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  7. Title Amour Securi Underl Deriva Securi 3 and 4 |          |   | unt of<br>rities<br>rlying<br>ative<br>rity (In | Str.                    | Price of<br>erivative<br>ecurity<br>estr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | y [   | 10.<br>Dwnership<br>Form:<br>Direct (D)<br>or Indirect<br>I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |            |
|  |  |  |                               |                              | Code  | v   | (A)    | (D)   | Date<br>Exercisa   | able     | Expiration<br>Date                            | Title   | or<br>Num<br>of<br>Shar | ber  |  |   |   |  |            |

## **Explanation of Responses:**

1. Shares issued for no cash consideration to directors under the Kronos Worldwide, Inc. 2012 Director Stock Plan. Shares held by MWM Investments LLC, which is controlled by Ms. Mendes.

Jane R. Grimm, Attorney-infact, for Meredith W. Mendes

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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).

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.