FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |           |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |

0.5

hours per response:

|        | Check this box if no longer subject to |  |  |  |  |  |  |  |
|--------|--|--|--|--|--|--|--|--|
| $\neg$ | Section 16. Form 4 or Form 5           |  |  |  |  |  |  |  |
| _      | obligations may continue. See          |  |  |  |  |  |  |  |
|        | Instruction 1(b)                       |  |  |  |  |  |  |  |

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*                 |   |               |             |        | 2. Issuer Name and Ticker or Trading Symbol KRONOS WORLDWIDE INC [ KRO ] |  |             |                                      |  |  |                     |   |                        |        | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |  |   |       |  |  |
| MOORE CECIL H JR   |   |               |             |        |  | THE THE PARTY IN T |             |                                      |  |  |                     |   |                        |        | X   | Directo  | or   |   | 10% C | wner   |  |
| (Last) (First) (Middle) 5430 LBJ FREEWAY, SUITE 1700     |   |               |             |        |  | 3. Date of Earliest Transaction (Month/Day/Year) 05/21/2014  |             |                                      |  |  |                     |   |                        |        |   | Officer<br>below)  | (give title  | e Other<br>below                                    |       | (specify   |  |
| 5450 LB.   | JFKEEWA   | 1, SUITE 1/00 |             |        | $\vdash$   |  |             |                                      |  |  |                     |   |                        | _      |   |  |  |   |       |  |  |
| (Street)   |   |               |             |        |  | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |             |                                      |  |  |                     |   |                        |        |   | 6. Individual or Joint/Group Filing (Check Applicable Line)                |  |   |       |  |  |
| DALLAS TX 75240  |   |               |             |        |  |  |             |                                      |  |  |                     |   |                        |        |   | X Form filed by One Reporting Person Form filed by More than One Reporting |  |   |       |  |  |
| (City)   | (St   | ate) (        | Zip)        |        |  |  |             |                                      |  |  |                     |   |                        |        | Person  | ו  |  |   |       |  |  |
|  |   | Tabl          | e I - Nor   | -Deriv | ative  | Sec  | curitie     | s Ac                                 | quired,  | Dis  | osed o              | f, or   | Bene                   | eficia | ally O  | wned   | i  |   |       |  |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D |   |               |             |        | ar)   I  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)  |             | Transaction Disposed Code (Instr. 5) |  | rities Acquired (A<br>ed Of (D) (Instr. 3, |                     |   | 4 and Sec<br>Ber<br>Ow |        | eneficially<br>vned Following   |  | ship<br>rect<br>direct<br>4)   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |       |  |  |
|  |   |               |             |        |  |  |             |                                      | Code   | v  | Amount              |   | A) or<br>D)            | Price  | Ti  | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                             |  |   |       | (Instr. 4)   |  |
| Common Stock \$0.01 par value 05/21                      |   |               |             |        | /2014  | 1  |             |                                      | A <sup>(1)</sup>   |  | 1,000               | )   | A                      |        | 13,524  |  | 524  | D   |       |  |  |
|  |   | Та            | ıble II - C |        |  |  |             |                                      |  |  | sed of,<br>onvertib |   |                        |        | y Owr   | ned  |  |   |       |  |  |
| L. Title of<br>Derivative<br>Security<br>(Instr. 3)      | ivative Conversion Date Execution Date (urity or Exercise (Month/Day/Year) if any |               |             | Date,  | 4.<br>Transa<br>Code (<br>8)   |  | of<br>Deriv | r<br>osed<br>)<br>r. 3, 4            | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date |  |                     | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4)  Amoun<br>or<br>Numbe<br>of |                        |        | 8. Price<br>Deriva<br>Securi<br>(Instr. !                               | tive d<br>ty S<br>5) B<br>C<br>F<br>R                                      | D. Number of lerivative securities seneficially bwned collowing seported transaction instr. 4) | Owner<br>Form<br>Direct<br>or Inc<br>(I) (In        |       | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |

## Explanation of Responses:

1. Shares issued for no cash consideration to directors under the Kronos Worldwide, Inc. 2012 Director Stock Plan.

## Remarks:

A. Andrew R. Louis, Attorneyin-fact, for Cecil H. Moore, Jr.

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.