SEC Form 3

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 Address of Reporting Person <sup>*</sup> LOUIS A ANDREW R	2. Date of Event Requiring Stateme (Month/Day/Year) 05/18/2011		3. Issuer Name <b>and</b> Ticker or Trac KRONOS WORLDWI					
(Last) (First) (Middle) 5430 LBJ FREEWAY, SUITE 1700			4. Relationship of Reporting Perso (Check all applicable) Director	10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line)		
			X Officer (give title below)					
(Street) DALLAS TX 75240	_		Vice President, Se	cretary			iled b	y One Reporting Person y More than One erson
(City) (State) (Zip)								
	Table I - Non-	Derivati	ve Securities Beneficiall	y Owned				
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4) or Indirect (I) (Instr. 5)		cṫ (D)   (I	(D) (Instr. 5)		
			Securities Beneficially nts, options, convertible		s)			
1. Title of Derivative Security (Instr. 4)	2. Date Exercis Expiration Dat (Month/Day/Ye	e	3. Title and Amount of Securi Underlying Derivative Securi	ty (Instr. 4) Conve or Exe		ise Form:	Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)
Explanation of Responses:		Expiration Date	Title	Amount or Number of Shares	Price of Derivativ Security	/e or Indir	ect	

Remarks:

No securities are beneficially owned.

A. Andrew R. Louis

<u>05/18/2011</u>

\*\* Signature of Reporting Person Date

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.