FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL        |          |  |  |  |  |  |  |  |
|---------------------|----------|--|--|--|--|--|--|--|
| OMB Number:         | 3235-028 |  |  |  |  |  |  |  |
| Estimated average b | urden    |  |  |  |  |  |  |  |

Check this box if no longer subject to 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

37 hours per response: 0.5

| 1. Name and Address of Reporting Person*             |   |  |   |            |                                   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol  KRONOS WORLDWIDE INC [ KRO ]   |   |                  |  |     |                     |   |                 |                     | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |   |   |  |   |  |
|--|---|--|---|------------|-----------------------------------|--|---|------------------|--|-----|---------------------|---|-----------------|---------------------|---|--|---|---|--|---|--|
| TURNER R GERALD DR                                   |   |  |   |            |                                   | THE THE PARTY IN T |   |                  |  |     |                     |   |                 |                     | X   |  | Director  |   | 10% O                                    | wner  |  |
| (Last) (First) (Middle) 5430 LBJ FREEWAY, SUITE 1700 |   |  |   |            |                                   | 3. Date of Earliest Transaction (Month/Day/Year) 05/16/2018  |   |                  |  |     |                     |   |                 |                     |   | Office   | icer (give title<br>ow)   |   | Other (<br>below)                        | (specify  |  |
| ,  |   |  |   |            | 4 If                              | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |   |                  |  |     |                     |   |                 |                     | 6. Individual or Joint/Group Filing (Check Applicable                   |  |   |   |  |   |  |
| (Street)   | 5 T2  | ζ 7  | 75240   |            |                                   | T. II Americanient, Date of Original Flied (Montal Day) Teal)  |   |                  |  |     |                     |   |                 |                     | ine)  | X Form filed by One Reporting Person Form filed by More than One Reporting |   |   |  |   |  |
| (City)   | (St   | ate) (                                     | Zip)  |            |                                   |  |   |                  |  |     |                     |   |                 |                     |   | Person   |   |   |  |   |  |
|  |   | Tabl                                       | e I - Nor                                     | ı-Deriv    | ative                             | Se   | curitie   | s Acc            | quired,  | Dis | posed o             | f, or   | Ben             | efici               | ally  | Owne   | ed  |   |  |   |  |
| Date   |   |  |   |            | e<br>nth/Day/Year) 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>Bei<br>Ow  |  | Amount of ecurities eneficially wned Following eported  |   | nership<br>Direct<br>Indirect<br>str. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |  |   |            |                                   |  |   |                  |  | v   | Amount              |   | (A) or<br>(D)   |                     | e   | Transaction(s)<br>(Instr. 3 and 4)   |   |   |  | (   |  |
| Common Stock \$0.01 par value                        |   |  |   | 05/16/2018 |                                   |  |   | A <sup>(1)</sup> |  | 800 | A                   |   | (1              | 19,095.             |   | 095.618  |   | D   |  |   |  |
|  |   | Та   | able II - D                                   |            |                                   |  |   |                  |  |     | sed of,<br>onvertib |   |                 |                     | y Ov  | vned   |   |   |  |   |  |
| 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) | 3A. Deeme<br>Execution<br>if any<br>(Month/Da | Date,      | 4.<br>Transaction<br>Code (Instr. |  |   |                  | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |     |                     | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                 | str. 3              |   | vative<br>urity  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | vnership<br>orm:<br>rect (D)<br>Indirect | Beneficial<br>Ownership<br>(Instr. 4)                             |  |
|  |   |  |   |            | Code                              | v  | (A)   | (D)              | Date<br>Exercisal  |     | Expiration<br>Date  | Title   | or<br>Nur<br>of | ount<br>nber<br>res |   |  |   |   |  |   |  |

## **Explanation of Responses:**

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

#### Remarks:

Clarence B. Brown, Attorneyin-fact, for Dr. R. Gerald

**Turner** 

05/16/2018

\*\* 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.