FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number:	3235-0104							
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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

KECKEISEN JANET G.			. Date of Event Requiring Staten Month/Day/Year 05/12/2011	nent	3. Issuer Name and Ticker or Trading Symbol KRONOS WORLDWIDE INC [ KRO ]						
(Last) 5430 LBJ FRI	(First) EEWAY, SUITE	(Middle)	_   00/12/2011			tionship of Reporting Perso all applicable) Director	son(s) to Issuer  10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)		
,					X	Officer (give title below)			6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street)						Vice Presider	ent		X Form filed by One Reporting Person		
DALLAS	TX	75240							Form filed by Reporting P	y More than One erson	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					nt of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expira			Expiration Da	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Ins		4. Conversi or Exerci	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Derivativ Security	e Direct (D) or Indirect (I) (Instr. 5)		

**Explanation of Responses:** 

## Remarks:

No securities are beneficially owned.

Janet G. Keckeisen 05/12/2011

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).