FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

	ddress of Reporti	1	2. Date of Event Requiring Stater (Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol COMPX INTERNATIONAL INC [CIX]						
(Last)	(First)	(Middle)	10/05/2004		Relationship of Reporting Pers (Check all applicable)	. ,		5. If Amendment, Date of Original Filed (Month/Day/Year)			
5430 LBJ FREEWAY, SUITE 1700					Director X Officer (give title below)	10% Own Other (spe below)			6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street)					below)	below)			X Form filed by One Reporting Person		
DALLAS	TX	75240-2697							Form filed by More than One Reporting Person		
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					eneficially Owned (Instr. 4)			Nature of Indirect Beneficial Ownership (Instr. 5)			
Class A Common Stock \$0.01 par value					2,586,820	D					
Class B Common Stock \$0.01 par value					10,000,000	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securi 4)	rity (Instr. Conve			Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Exerci Price of Deriva Securi	of itive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

A. Andrew R. Louis, Assistant
Secretary, for CompX Group, 10/07/2004

Inc.

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).