FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person* LOUIS A ANDREW R			. Date of Event lequiring Stater Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol COMPX INTERNATIONAL INC [CIX]						
(City)	(First) EEWAY, SUIT TX (State)	(Middle)	05/25/2011	4.		tionship of Reporting Pers all applicable) Director Officer (give title below) Vice President and S	10% Own Other (spe below)	er	(Mon	th/Day/Year) dividual or Join icable Line) Form filed b Person	t/Group Filing (Check y One Reporting y More than One erson
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				-	2. Amount of Securities Beneficially 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)											
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Secur 4)			or	Conversion or	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration cisable Date		,	Amount or Number of Shares	Deriva Securi		or Indirect (I) (Instr. 5)	

Explanation of Responses:

Remarks:

No Securities Beneficially Owned

No securities are beneficially owned.

A. Andrew R. Loujis 05/25/2011

** 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).