FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

1	3235-0287			
Estimated average burden				
hours per response:	0.5			

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response: 0.5		
or Section 30(h) of the Investment Company Act of 1940			
2. Issuer Name and Ticker or Trading Symbol CSW INDUSTRIALS, INC. [CSWI]			r
,,,,,,,,	X Director	10% Owner	r
3. Date of Earliest Transaction (Month/Day/Year) 10/02/2020	Officer (g below)	ive title Other (spec below)	cify
4. If Amendment, Date of Original Filed (Month/Day/Year)		nt/Group Filing (Check Applic	cable
		d by One Reporting Person	
	Form filed Person	d by More than One Reporting	g
	or Section 30(h) of the investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol CSW INDUSTRIALS, INC. 3. Date of Earliest Transaction (Month/Day/Year) 10/02/2020	2. Issuer Name and Ticker or Trading Symbol 5. Relationship of (Check all applical X Director 3. Date of Earliest Transaction (Month/Day/Year) 0/02/2020 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joi Line) X Form file	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Image: Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol S. Relationship of Reporting Person(s) to Issue (Check all applicable) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owne 10/02/2020 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applic Line) X Form filed by One Reporting Person Form filed by More than One Reporting Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	(I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)
Common Stock	10/02/2020		Α		1,095	Α	\$0 ⁽¹⁾	11,404	D	

	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		I 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Represents shares of restricted common stock granted to the reporting person pursuant to the issuer's Equity and Incentive Compensation Plan. The shares cliff vest on the first anniversary of the grant. Remarks:

/s/Luke E. Alverson, Attorney 10/06/2020

in Fact

** 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 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.