ALBEMARLE CORP Form 3 July 13, 2012 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> OBRIEN JAMES J/KY	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol ALBEMARLE CORP [ALB]				
(Last) (First) (Middle	e) 07/12/2012	4. Relationship of Person(s) to Issue			5. If Amendment, Date Original Filed(Month/Day/Year)	
1952 SHADYBROOK LANE				× ×	,	
(Street)		(Check all applicable) 6. Individual or			lual or Joint/Group	
LEXINGTON, KY 40502		X Director Officer (give title below)	10% Own Other (specify below)	er Filing(Ch _X_Form Person	eck Applicable Line) filed by One Reporting filed by More than One	
(City) (State) (Zip)	Table I - N	Non-Derivativ	e Securities l	Beneficiall	y Owned	
1.Title of Security (Instr. 4)	2. Amount o Beneficially (Instr. 4)	Owned C F D o (1	Ownership Ow Form: (In Direct (D) r Indirect	Nature of Indi vnership str. 5)	irect Beneficial	
Reminder: Report on a separate line f owned directly or indirectly.	or each class of securities benefic	ially SEC	C 1473 (7-02)			
information on required to re	respond to the collection of ontained in this form are not spond unless the form displ d OMB control number.	t				
Table II - Derivative S	Securities Beneficially Owned (e	.g., puts, calls, wa	arrants, options	s, convertible	e securities)	
(Instr. 4)	Expiration Date Securit	and Amount of tes Underlying tive Security	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Date

Exercisable

Expiration

Title

Date

Direct (D)

or Indirect

(Instr. 5)

(I)

Security

Amount or

Number of

Shares

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

Reporting Owners

Reporting Owner Name / Address	Relationships					
1 8	Director	10% Owner	Officer	Other		
OBRIEN JAMES J /KY 1952 SHADYBROOK LANE LEXINGTON, KY 40502	ÂX	Â	Â	Â		
Signatures						
/s/ Karen G. Narwold, Attorney-in-Fact	07/13/2012					
<u>**</u> Signature of Reporting Person	Date					

Explanation of Responses:

No securities are beneficially owned

* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.