LyondellBasell Industries N.V.

Form 4

November 21, 2011

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

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**OMB APPROVAL** 

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if no longer subject to Section 16. Form 4 or Form 5 obligations

Check this box

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

1(b).

(Last)

(City)

(Print or Type Responses)

may continue.

See Instruction

1. Name and Address of Reporting Person \* Apollo Management Holdings GP, LLC

(First)

(Street)

(State)

2. Issuer Name and Ticker or Trading Symbol

Issuer

5. Relationship of Reporting Person(s) to

LyondellBasell Industries N.V.

[LYB]

(Check all applicable)

(Middle) 3. Date of Earliest Transaction

(Month/Day/Year)

Director 10% Owner Other (specify Officer (give title below)

9 W. 57TH STREET, 43RD FLOOR 11/17/2011

(Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

Applicable Line)

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Form filed by One Reporting Person \_X\_ Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

Person

NEW YORK, NY 10019

` •	,	` '' Iai	oie i - Non-	-Derivative Se	curiu	es Acquir	ea, Disposea oi, c	r Beneficially	Ownea
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securities Approximately Disposed of (Instr. 3, 4 and Amount	of (D)	red (A)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Ordinary shares	11/17/2011		P	1,000,000	A	\$ 34.99	168,578,410	I	See footnote (1)
Ordinary shares	11/18/2011		P	600,000	A	\$ 34.48	169,178,410	I	See footnote (1)

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

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# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivativ Security (Instr. 3)		3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivativ Securities		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne
	Security			Acquired (A) or						Follo Repo
				Disposed						Trans
				of (D) (Instr. 3,						(Instr
				4, and 5)						
					Date Exercisable	Expiration Date	Title	Amount or Number of		
			Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
Apollo Management Holdings GP, LLC 9 W. 57TH STREET 43RD FLOOR NEW YORK, NY 10019		X				
Apollo Management Holdings, L.P. 9 W. 57TH STREET 43RD FLOOR NEW YORK, NY 10019		X				
Apollo Management VII, L.P. 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808		X				
AIF VII Management, LLC 9 W. 57TH STREET 43RD FLOOR NEW YORK, NY 10019		X				
Apollo Management, L.P. 2 MANHATTANVILLE ROAD SUITE 203 PURCHASE, NY 10577		X				
Apollo Management GP, LLC TWO MANHATTANVILLE ROAD SUITE 203 PURCHASE, NY 10577		X				
Apollo Capital Management, L.P.		X				

Reporting Owners 2

9 WEST 57TH STREET NEW YORK, NY 10019

Apollo Capital Management GP, LLC

9 WEST 57TH STREET X

NEW YORK, NY 10019

Apollo Principal Holdings II GP, LLC

9 W. 57TH ST. 43RD FLOOR

NEW YORK, NY 10019

LeverageSource, L.P.

87 MARY STREET, GEORGE TOWN X

GRAND CAYMAN, E9 KY1-9005

## **Signatures**

[see signatures attached as Exhibit 99.2]

11/21/2011

\*\*Signature of Reporting Person

Date

### **Explanation of Responses:**

- \* 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).
- (1) See Exhibit 99.1.

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.

Signatures 3