FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIESM

## OMB APPROVAL OMB 3235-0104 Expires: December 31, 2014 Estimated average burden hours per response 0.5

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. Name and Address of Reporting Person <sup>*</sup> MCILROY W HAYDEN			2. Date of Event Requiring Statement (Month/Day/Year) 05/21/2003	3. Issuer Name <b>and</b> Ticker or Trading Symbol VALHI INC /DE/ [VHI]					
				4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Last)	(First)	(Middle)	00/2 1/2000	(Check all a	<sup>pplicable)</sup> Director Officer (give title below)	10% Owner Other (specify below)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) (City)	(State)	(Zip)					Form filed by More than One Reporting Person		

Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)	2. Amount of Securities Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	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 Securities Underlying Derivative Security (Instr. 4)			Ownership Form: Direct (D)	Beneficial Ownership			
	Date Exercisable	Expiration Date	Title	Amount or Number of SharesM		or Indirect (I) (Instr. 5)	(Instr. 5)			

**Explanation of Responses:** 

No securities are beneficially owned

/s/ W. Hayden McIlroy \*\* Signature of Reporting Person

05/21/2003

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 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. 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.