# FORM 4

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

OMB APPROVAL OMB 3235-Number: 0287 Estimated average

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

burden hours per response...

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	2 1					5	5 Paletionship of Paparting Parson(s) to								
Name and Address of Reporting Person = Goehringer Charles JR			2. Issuer Name <b>and</b> Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
			-	ARABIAN AMERICAN											
			DEVELO	PMEN	T C	O [ARS	D]		Director Officer (give	title		her (specify b	elow)		
(Last) (First) (Middle) 5020 SHADOW LANE				3. Date of Earliest Transaction					below) General Counsel						
			(Month/Day/Year) 12/20/2011												
	4. If Amendment, Date Original						6. Individual or Joint/Group Filing(Check								
BEAUMONT, T	TX 77706		Filed(Month/	Day/Year)					pplicable Line) X_ Form filed by 0 Form filed by 1						
(City)	(State) (Zi	p)	Table I	- Non-D	eriva	ative Sec	uritie	s Acquir	ed, Disposed				<u> </u>		
1.Title of Security	2. Transaction			3.			Securities Acquired				6.		ure		
(Instr. 3)	(Month/Day/Year) any		ution Date, if	Transac Code	Code (D		A) or Disposed of D) Instr. 3, 4 and 5)		Securities Beneficially O Following Rep	Owned Feported D	` /	hip of Ind Benefi			
			nth/Day/Year)	(Instr. 8								Owner	rship		
							(A) or		Transaction(s (Instr. 3 and 4		or Indirect (I)	ect (Instr.	4)		
				Code	V	Amount	(D)	Price			(Instr. 4	)			
Common Stock	12/20/2011	12/2	0/2011	S		500	D	\$ 42.42	57,911		D				
								8.4243							
Reminder: Report of directly or indirectly	on a separate line for y.	each c	lass of securit	ies benef	ficiall	ly owned									
		each c	lass of securit	ies benef	P	ersons		•	d to the colle			SEC			
		each c	lass of securit	ies benef	P	ersons nformati	on c	ontaine	d in this form	are n	ot	(9	1474 9-02)		
		each c	lass of securit	ies benef	P ir	ersons nformati equired	on c	ontained spond u		are n	ot	(9			
	y.				P ir c	ersons nformati equired urrently	on co to re valid	ontained spond u d OMB d	d in this form unless the fo control numb	n are n rm dis per.	ot	(9			
	y.	- Deriv		ies Acqu	P ir r c	ersons oformati equired urrently	ion co to re valided of,	ontained spond u d OMB o or Benef	d in this form unless the fo control numb ficially Owned	n are n rm dis per.	ot	(9			
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Donauting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Goehringer Charles JR				C1 C1		
5020 SHADOW LANE BEAUMONT, TX 77706				General Counsel		

## **Signatures**

Charles W. Goehringer, Jr.	12/20/2011
**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).

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.