

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

1. Name and Address of Reporting Person * <u>Tozier Scott</u> _____ (Last) (First) (Middle) <u>ALBEMARLE CORPORATION</u> <u>4250 CONGRESS STREET, SUITE 900</u> _____ (Street) <u>CHARLOTTE NC 28209</u> _____ (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>ALBEMARLE CORP [ALB]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>EVP & CFO</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>02/28/2020</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

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)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			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)
			Code	V	Amount	(A) or (D)	Price			
Common Stock								1,591	I	Albemarle Savings Plan ⁽¹⁾
Common Stock	02/28/2020		s ⁽²⁾		630	D	\$78.11	53,528	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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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
Restricted Stock Unit	(3)	02/28/2020		A		3,360		(4)	(5)	Common Stock	3,360	\$0	3,360	D	
Restricted Stock Unit	(3)	02/28/2020		A		12,218		(6)	(5)	Common Stock	12,218	\$0	12,218	D	
Stock Option	\$81.85	02/28/2020		A		12,421		02/28/2023	02/28/2030	Common Stock	12,421	\$0	12,421	D	

Explanation of Responses:

- Total number of shares of Common Stock held in the name of the Reporting Person under the Albemarle Corporation Retirement Savings Plan (the "Albemarle Savings Plan") as of the date of this Form 4.
- The share sale reported in this Form 4 was effected pursuant to a previously adopted Rule 10b5-1 trading plan.
- Each Restricted Stock Unit converts to 1 share of Common Stock.
- One-half of the award earned will vest at 02/28/2023 and the remaining half will vest on 02/28/2024.
- No expiration date.
- Award will vest in full on the third anniversary of the date of the award.

Remarks:

/s/ Stefanie Holland, attorney-in-fact 03/03/2020

** 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.