

| OMB APPROVAL | |
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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

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>NICOLS JOHN J</u> (Last) (First) (Middle) <u>451 FLORIDA STREET</u> (Street) <u>BATON LA 70801</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>VP Catalysts</u> |
| | 3. Date of Earliest Transaction (Month/Day/Year) <u>01/03/2007</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 | | | | | | | 60 | I | Custodian for Minor, Matthew T. Nicols | |
| Common Stock | | | | | | | 7,280 ⁽¹⁾ | I | Albemarle Savings Plan | |
| Common Stock | 01/03/2007 | | M | | 7,500 | A | \$0 ⁽⁵⁾ | 15,868 ⁽²⁾ | D | |
| Common Stock | 01/03/2007 | | F | | 2,427 | D | \$71.98 | 13,441 ⁽²⁾ | 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 | | | | | |
| Performance Unit | (4) | 01/03/2007 | | M | | | 7,500 | (3) | (3) | Common Stock | \$0 ⁽⁵⁾ | 0 | D | |

Explanation of Responses:

1. Portion of share increase due to periodic purchases by Albemarle Corporation Savings Plan trustee.
2. Portion of share increase due to periodic purchases by Albemarle Corporation Dividend Reinvestment Plan trustee.
3. Performance Units issued pursuant to 2003 Incentive Plan. Units vested over two year period -- 50% payable in 2006 and 50% payable in 2007.
4. Performance Units convert 1 for 1.
5. Transaction has no purchase or sale price.

Remarks:

Nicole C. Daniel, attorney in fact 01/05/2007

** 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.