

PALLER Robert I  
 Form 3  
 November 13, 2009

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

|                                                                                           |                                                                        |                                                                     |                                                                                |                                                      |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------|
| 1. Name and Address of Reporting Person *<br>Â PALLER Robert I<br>(Last) (First) (Middle) | 2. Date of Event Requiring Statement<br>(Month/Day/Year)<br>11/13/2009 | 3. Issuer Name and Ticker or Trading Symbol<br>INNOSPEC INC. [IOSP] | 4. Relationship of Reporting Person(s) to Issuer<br><br>(Check all applicable) | 5. If Amendment, Date Original Filed(Month/Day/Year) |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------|

INNOSPEC  
 MANUFACTURING  
 PARK,Â OIL SITES ROAD  
 (Street)

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

ELLESMERE  
 PORT,Â X0Â CH65 4EY  
 (City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

| 1. Title of Security<br>(Instr. 4) | 2. Amount of Securities Beneficially Owned<br>(Instr. 4) | 3. Ownership Form:<br>Direct (D)<br>or Indirect (I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------|
| Common Stock                       | 0                                                        | D                                                                 | Â                                                        |

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

SEC 1473 (7-02)

**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 control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

| 1. Title of Derivative Security<br>(Instr. 4) | 2. Date Exercisable and Expiration Date<br>(Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security<br>(Instr. 4) | 4. Conversion or Exercise Price of Derivative | 5. Ownership Form of Derivative Security: | 6. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|-----------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|----------------------------------------------------------|
|-----------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|----------------------------------------------------------|

