FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number:	mber: 3235-0104							
Estimated average burden								
hours per response	0.5							

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*  LUCAS MICHAEL ALLAN  2. Date of Event Requiring Statem (Month/Day/Year) 08/20/2012			nent	3. Issuer Name and Ticker or Trading Symbol POWELL INDUSTRIES INC [ POWL ]								
(Last) 8550 MOSLE	(First) Y ROAD	(Middle)				4. Relationship of Reporting Person(s) to Issu (Check all applicable)  Director 10% Owr			5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street)					X	Officer (give title below)  President & Cl	Other (specify below)		Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person			
HOUSTON (City)	TX (State)	77075 (Zip)								Form filed by Reporting Po	y More than One erson	
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						int of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. 4) Conve		rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)				
			Date Exercisable	Expiratior Date	n Title	,	Amount or Number of Shares	Price of Derivative Security		or Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

<u>Don R. Madison, Power of</u> <u>Attorney for Michael A. Lucas</u>

08/31/2012

\*\* 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 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.