FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number: 3235-0							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Braun James E			2. Date of Event Requiring Statement (Month/Day/Year) 10/11/2006  3. Issuer Name and Ticker or Trading Symbol NEWPARK RESOURCES INC [ NR ]									
(Last) C/O NEWPAF	ast) (First) (Middle) /O NEWPARK RESOURCES, INC.					Relationship of Reporting Person heck all applicable)  Director  X Officer (give title below)  Vice Pres. & Chief Fi	n(s) to Issue	(	If Amendment, Date of Original Filed lonth/Day/Year)			
3850 N. CAUSEWAY BLVD. SUITE 1770					A		Other (spe below) n.Officer	, 10	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person			
(Street)  METAIRIE	LA	70002								y More than One		
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Securi Underlying Derivative Securi		ity (Instr. 4) Conv		se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Derivativ Security	Direct (D) e or Indirect (I) (Instr. 5)			

**Explanation of Responses:** 

## Remarks:

No securities are beneficially owned.

No securities are beneficially owned.

<u>/s/ James E. Braun</u> <u>10/11/2006</u>

\*\* 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.