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

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

longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

~																	
(Print or Type Responses) 1. Name and Address of Reporting Person * BUNKA CHRISTOPHER				2. Issuer Name and Ticker or Trading Symbol LEXARIA CORP. [LXRP]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner							
(Last) (First) (Middle) 5774 DEADPINE DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 01/29/2010						X_ DirectorX_ 10% Owner								
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person								
KELOWNA	A, A1 V1P												roini ined by Mi	ore man One Re	porting reison		
(City)		(State)	(Zip)				Ta	ble I - Non-D	erivativ	e Securit	ties Acqu	uired	, Disposed o	f, or Benefi	cially Owned		
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year	Execution Date, if		(Instr. 8)		(A) or E (Instr. 3	A) or Disposed of (Instr. 3, 4 and 5) (A) or		5. Amount of Securities Benefici Owned Following Reported Transaction(s) (Instr. 3 and 4)			or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
G 61							(Code V	Amount	(D)	Price	500	. 505			Instr. 4)	
Common Sh	nares											532	2,585			D	
Common Shares			01/29/2010				P	15,000	A	\$ 0.15	2,3	315,771		1		Private Holding Company	
Tellinder, rep	on a sepa	rate line for each cla		- Deriv	ative	Securi	ities A	Perso this fo curre	orm are ntly val posed of	not req id OMB f, or Ben	uired to control eficially	o res I nun	spond unles nber.		n contained n displays a		1474 (9-02)
				(e.g.,	puts,	calls, v	varra	nts, options, o	onverti	ble secui				•	1	_	_
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Date 3A. Deemed 4. 5. Number of Derivative Security Security		and	7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownersl Form of Derivati Security Direct (I or Indire	Beneficial Ownership (Instr. 4)								
				Cod	e V	(A)	(D)	Date Exercisable	Expir Date	ration	Title		Amount or Number of Shares				
Warrants	\$ 0.2096							12/24/200	9 12/2	4/2010	Comm		100,000		100,000	I (1)	Private Holding Company
Warrants	\$ 0.20							07/10/200	9 07/1	0/2011	Comm Share		1,600,000		1,600,000) I (I)	Private Holding Company
Stock Options	\$ 0.20 (2)							04/26/200	7 04/2	6/2011	Comm Share		100,000		100,000	D	
Stock Options	\$ 0.20 (3)							03/04/200	9 07/2	0/2011	Comm Share		100,000		100,000	D	
Stock Options	\$ 0.20							07/08/200	9 07/2	0/2011	Comm		18,750		18,750	D	
Stock Options	\$ 0.20							01/20/201	01/2	0/2015	Comm		500,000		500,000	D	
Convertible Debt	\$ 0.05 (4)							10/27/200	8 10/2	7/2010	Comm		43,333		43,333	D	
Convertible Debt	\$ 0.05 (4)							10/27/200	8 10/2	7/2010	Comm		32,500		32,500	I (1)	Private Holding Company

Reporting Owners

	Relationships				
Reporting Owner Name /					

Address	Director	10% Owner	Officer	Other
BUNKA CHRISTOPHER 5774 DEADPINE DRIVE KELOWNA, A1 V1P1A3	X	X	Chairman/CEO/President	

Signatures

Christopher Bunka	02/01/2010
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) Chris Bunka is the sole owner of CAB Financial Services Ltd.
- (2) On July 8, 2009, the exercise price was reduced from \$0.80.
- (3) On July 8, 2009, the exercise price was changed from \$0.12.
- (4) On July 9, 2009, the exercise price was changed from \$0.45.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.