### FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
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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).

Reporting Owner Name /

Address

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

	sponses)																
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							
5774 DEADPI	INE DI	(First) RIVE		3. Date of Earliest Transaction (Month/Day/Year) 09/30/2011					X Officer (give title below) Other (specify below)  Chairman/CEO/President								
		(Street)		4. If Am	endment	, Date (	Original	Filed(1	Month/Day	/Year)		6. Individual or			ck Applicable	Line)	
KELOWNA, A	KELOWNA, A1 V1P1A3										_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)		(State)	(Zip)			Tab	ole I - No	on-Dei	rivative	Securiti	ies Acqui	red, Disposed	of, or Bene	ficially Ow	ned		
1.Title of Security (Instr. 3)	у		2. Transaction Date (Month/Day/Year)	any	emed on Date, /Day/Yea	if Coo	Γransacti de str. 8)	(	4. Securi (A) or D (Instr. 3,	isposed (	of (D)				6. Ownershi Form: Direct (D or Indirect (I)	p of In Bene Own	eficial nership
						(	Code		Amount	(D)	Price \$				(Instr. 4)		
Common Shar	res		09/30/2011				P	2	2,500	A	0.30	1,417,986			D		
Common Shares 09		09/30/2011				P	2	2,000	A	\$ 0.325	1,419,986		D				
Common Shares		09/30/2011				P	2	2,000	A	\$ 0.33	1,421,986		D				
Common Shar	res		09/30/2011				P	2	2,500	A	\$ 0.29	1,424,486			D		
Common Shar	res		10/03/2011				P		1,500	A	\$ 0.29	1,425,986			D		
Common Shar	res		10/04/2011				P	3	3,000	A	\$ 0.29	1,428,986			D		
Common Shar	res											3,075,859			I (1)		vate lding npany
Reminder: Report	t on a sep	parate line for each	class of securities l	peneficia	lly owne	d direct	F	Person	ns who	re not	required	e collection o I to respond o MB control n	unless the		ined Si	EC 1474	4 (9-02)
			Table II -									Owned					
1. Title of Derivative Security (Instr. 3) Price Derivative Security	version D vercise (I vof vative	on Date   Execution Date, if Transaction   Number   Expiration Date   of (Month/Day/Year)   (Instr. 8)   Derivative   Code   Of (Month/Day/Year)   Orivative   Orivative   Code (Month/Day/Year)   Orivative   Ori		7. Title a of Under Securities	7. Title and Amount of Underlying Securities (Instr. 3 and 4)  8. Price of Derivative Security (Instr. 5)  9. Num Derivative Security (Instr. 5)  8. Price of Derivative Security (Instr. 5)  9. Num Derivative Security (Instr. 5)  8. Price of Derivative Security (Instr. 4)		Derivative Securities Beneficial Owned Following Reported Transactio	Own Form Deri Secu Direct or In	ership of vative rity: et (D) direct	11. Natu of Indire Benefici Ownersh (Instr. 4)							
					of (Ins	D) tr. 3,								(Instr. 4)	(Inst	. 1)	
				Code	of ( (Ins 4, a	D) tr. 3,	Date Exercis	sable	Expira Date	ation	Title	Amount or Number of Shares	_	(Instr. 4)	(Inst	. 1)	
Stook	0.20			Code	of ( (Ins 4, a	D) tr. 3, nd 5)	Exercis				Title Comm Share	or Number of Shares		(Instr. 4) 500,00		) )	

Other

Relationships

Officer

10%

Owner

Director

BUNKA CHRISTOPHER				
5774 DEADPINE DRIVE	X	X	Chairman/CEO/President	
KELOWNA, A1 V1P1A3				

## **Signatures**

Christopher Bunka	10/04/2011			
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.

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

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.