## FORM 4

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

OMB APPRO\	/AL						
OMB Number:	3235-0287						
Estimated average burden							
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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).

(Print or Type Responses)

#### 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

1. Name and Address of Reporting Person * BUNKA CHRISTOPHER			2. Issuer Name <b>and</b> 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) 11/15/2011							X_Officer (give title below) Other (specify below)  Chairman/CEO/President					
(Street) KELOWNA, A1 V1P1A3				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					
(Cit		(State)	(Zip)	Table I Now Designating Comment						ios Agguiro						
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	any	emed on Date, if Day/Year)	3. Tran Code (Instr.	8)	4. Securi (A) or Di (Instr. 3,	ties Acquisposed 4 and 5 (A) or	quired of (D) Ov Tr.	Transaction(s) Form: (Instr. 3 and 4) Direct (D		6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Commor	Shares					Cod	e V	Amount	(D)	Price 1,	,440,986			(Instr. 4) D		
Commor	n Shares		11/15/2011			P		1,400	A	\$ 3,	2 100 726		I (1)	Private Holding Company		
Reminder:	Report on a s	separate line for each			-	•	Perso in this displa	ons who s form a ays a cu	ire not irrently	required to valid OME	collection o to respond o B control n	unless the		ned SEC	C 1474 (9-02)	
Reminder:	Report on a s	separate line for each	1 class of securities t	CHCHCIAI	ly owned (	anechy (		•		14 41				1 000	7.4.5.4.(0.00)	
	2.	3. Transaction Date	Table II -  3A. Deemed Execution Date, if	Derivati (e.g., pur 4. Transact Code	ive Securi ts, calls, w 5. Numb of	ties Acq varrants ber Ex	Perso in this displa uired, Dis	ons who is form a ays a cu  posed of convertil cisable are	re not irrently , or Ben ble secu	required to valid OME	to respond of B control not wred  Id Amount ying	unless the		of 10. Owner Form	ship of Indirective Ownershi	
1. Title of Derivative Security	2. Conversion or Exercise Price of	3. Transaction Date	Table II -  3A. Deemed Execution Date, if any	Derivati (e.g., pur 4. Transact Code	ive Securi ts, calls, w 5. Numb of Deriv	ties Acq varrants  6. Ex (N ative ities irred ir ssed ) . 3,	Perso in this displa uired, Dis , options, Date Exer	ons who is form a ays a cu  posed of convertil cisable are	re not irrently , or Ben ble secu	required to valid OME neficially Overities)  7. Title and of Underly Securities	to respond of B control not wred  Id Amount ying	8. Price of Derivative Security	9. Number Derivative Securities Beneficiall	of 10. Owner Form o Deriva Securi Direct or Indi	ship of Indirect Beneficia Ownershi (Instr. 4)	
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1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II -  3A. Deemed Execution Date, if any	Derivati (e.g., pur 4. Transact Code (Instr. 8)	ive Securits, calls, was calls, was calls, was calls, was calls, was called the control of the call of	ties Acquarrants 6. per Exp (Mative ities irred	Person in this display the dis	ens who s form a ays a cu posed of convertil cisable an ate 'Year')  Expira Date	re not irrently , or Ben ble secu nd	required to valid OME reficially Overities 7. Title and of Underly Securities (Instr. 3 and Title	wned  Amount or Number of Shares	8. Price of Derivative Security	9. Number Derivative Securities Beneficiall Owned Following Reported Transactio	of Owner Form of Deriva Securi Direct or Indian(s) (I) (Instr.	ship of Indirect Beneficia Ownershi (Instr. 4)  (D) rect  4)	

Other

Relationships

Chairman/CEO/President

Officer

10%

Owner

X

X

### **Signatures**

Reporting Owner Name /

Address

BUNKA CHRISTOPHER

5774 DEADPINE DRIVE

KELOWNA, A1 V1P1A3

Christopher Bunka	11/16/2011
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.