FORM 4

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

OMB APPRO\	/AL					
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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).

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

(Print or Ty	pe Response	s)																	
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) 06/29/2012									X Officer (give title below) Other (specify below) Chairman/CEO/President					
(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					
	NA, A1 V			(7:)															
(Cit	(y)	(State)		(Zip)				Tab	le I - No	n-De	erivative	Securiti	ies Acquir	ed, Disposed	of, or Benef	ficially Ow	ned		
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year	2A. Deemed Execution Da any (Month/Day/		Date, if	Coo (Ins	3. Transaction Code (Instr. 8)		4. Securities Acq (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Owned Following Reported Fransaction(s)			6. Ownersh Form: Direct (I	ip of I Ber	7. Nature of Indirect Beneficial Ownership	
									Code	V	Amount	(A) or (D)	Price				or Indire (I) (Instr. 4)		
Commor	Shares												1	1,473,561			D		
Common Shares			06/29/2012					P		5,000	A	\$ 0.175	3,219,336			Ι (1)	Но	vate lding mpany	
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Year		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code		5. 6. Number Ex		6. Date Expirat	piration Date of U onth/Day/Year) Secu				s	Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	Own Forn Deri Secu Dire	nership n of vative arity: ect (D)	11. Natur of Indired Beneficia Ownersh (Instr. 4)
							Dispo of (D) (Instr. 4, and	sed) . 3,								Transactio (Instr. 4)	n(s) (I)	tr. 4)	
					Code	V	(A)	(D)	Date Exercis	sable	Expira Date	ation	Title	Amount or Number of Shares					
Stock Options	\$ 0.20								01/20	/201	0 01/20	0/2015	Commo	1500 000		500,00	0	D	
Stock Options	\$ 0.35								07/11	/201	1 07/1	1/2016	Commo	1/300.000		200,00	0	D	
Repor	ting O	wners																	
]	Relations	hips	S												
Repor	ting Owner Address	Name /	Directo	or 10%	Officer					Other									

Signatures

BUNKA CHRISTOPHER 5774 DEADPINE DRIVE

KELOWNA, A1 V1P1A3

Chris Bunka	07/03/2012
Signature of Reporting Person	Date

Owner

X

Chairman/CEO/President

X

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.