# FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average	burden				
hours ner resnonse	0.5				

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

Name and Address of Reporting Person * DEMARTINI DAVID			2. Issuer Name and Ticker or Trading Symbol LEXARIA CORP. [LEXG]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner						
11714 SI	*				3. Date of Earliest Transaction (Month/Day/Year) 06/18/2013						Officer (give	title below)	Othe	r (specify below	)
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ F	6. Individual or Joint/Group Filing(Check Applicable Line)  _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
HOUST	ON, TX 77	024								r	orm med by N	Tore than One i	Reporting Person		
(Cit	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned					d						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year	2A. Deeme Execution any (Month/Da		ate, if	(Instr. 8)		Securities Acqu ) or Disposed of str. 3, 4 and 5)	f (D) Own Trans				Ownership of Form:	7. Nature of Indirect Beneficial Ownership	
				(Mone		1 (11)	Co	de V Ar	(A) or (D)	Price	or Indirect (I)		or Indirect (		
Reminder:	Report on a s	eparate line for each	class of securities b	chencia	ily owi	ned dire	ctry (	Persons in this fo	who respond	quired to r	espond ι				474 (9-02)
Reminder:	Report on a s	eparate line for each		- Deriva	tive So	ecuritie	s Acc	Persons in this for a curren quired, Dispos	orm are not re tly valid OMB sed of, or Benef	equired to r s control nu ficially Own	espond ι umber.				474 (9-02)
	·		Table II -	- Deriva (e.g., p	itive So	ecurities	s Acc	Persons in this for a curren quired, Dispos s, options, con	orm are not re tly valid OMB sed of, or Benef vertible securi	equired to r control nu ficially Own ties)	respond umber.	unless the	form displa	ys	, ,
1. Title of	2. Conversion	3. Transaction	Table II - 3A. Deemed Execution Date, if	- Deriva (e.g., production 4.) Transac Code	ative Souts, ca	ecuritie	er artive s l (A) seed	Persons in this for a curren quired, Disposs, options, con	orm are not re tly valid OMB sed of, or Benef vertible securi- isable and tte	equired to r s control nu ficially Own	respond umber.  ed Amount	8. Price of	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction(	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirect	11. Nature of Indire Benefici owners! (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if any	- Deriva (e.g., production 4.) Transac Code	ative Souts, ca	ecurities. War is Number of Derivas ecurities Acquired or Disposif (D) Instr. 3, nd 5)	er artive s l (A) seed	Persons in this for a curren quired, Disposs, options, con 6. Date Exerc Expiration Da	orm are not re tly valid OMB sed of, or Benef vertible securi- isable and tte	ficially Own ties)  7. Title and of Underly Securities	respond umber.  ed Amount	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Nature of Indire Beneficie Owners! (Instr. 4)

#### **Reporting Owners**

D ( O N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
DEMARTINI DAVID 11714 SPRIGGS WAY HOUSTON, TX 77024	X					

### **Signatures**

/s/ David DeMartini	06/20/2013
**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).

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.