FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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* Downey Gregory					2. Issuer Name and Ticker or Trading Symbol Lexaria Bioscience Corp. [LEXX]									Relationship of Reporting Person(s) to Issuer (Check all applicable)						
						3. Date of Earliest Transaction (Month/Day/Year) 10/14/2022								X	Director Officer (g below)	ive title		10% Owner Other (specify below)		
(Last) (First) (Middle) 100 - 740 MCCURDY ROAD															Chief Financial Officer					
(Street) KELOWNA A1 V1X 2P7					4. If Amendment, Date of Original Filed (Month/Day/Year) 10/18/2022									- 1	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)) (Z	lip)																	
		Ta	able I - No	n-Deri	ivativ	e Se	curiti	es Acc	quired, l	Disp	osed o	f, or	Benefi	cially Ow	/ned					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year		ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				5. Amount Securities Beneficiall Following	y Owned Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
										v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
common share	es														1,8	1,833		D		
common share	es			10/1	0/14/2022				P ⁽¹⁾		121		A	\$2.09	1,9	54		D		
			Table II -								sed of, onvertib				ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	4. Transacti Code (Ins			5. Number of Derivative		6. Date Expiration (Month/Da	n Date	able and 7. Title and Amour Securities Underly		erlying	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	Ownership Form: Ily Direct (D) or Indirect (I) (Instr. 4	Ownership Form:	Beneficial Ownership (Instr. 4)		
				С	ode	v	(A)	(D)	Date Exercisal		expiration Pate	Title		Amount or Number of Shares		Transaction(s) (Instr. 4)				
Stock Options	\$5.04								04/15/202	21 0	4/15/2026		mmon hares	4,000		4,000)	D		
Stock Options	\$5.04								04/15/202	22 0	4/15/2026		mmon hares	4,000		8,000		D		
Stock Options	\$5.04								04/15/202	23 0	4/15/2026		mmon hares	4,000		12,00	0	D		
Stock Options	\$5.31								04/26/202	22 0	4/26/2026		mmon hares	5,000		17,00	0	D		
Stock Options	\$7.08								06/08/202	21 0	6/08/2026		mmon hares	8,000		25,00	0	D		
Stock Options	\$6.23								09/01/202	21 0	9/01/2026		mmon hares	10,000		35,00	0	D		
Stock Options	\$2.91								08/29/202	22 0	8/29/2027		mmon hares	11,000		46,00	0	D		

Explanation of Responses:

1. This Form 4A is being filed to correct the transaction code for the open market purchase made by Mr. Downey as originally notated as a grant or award in the Form 4 filed on October 18, 2022.

<u>/Gregory Downey/</u> <u>10/18/2022</u>

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

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