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

| 1. Name and Address of Reporting Person*  TURKEL CATHERINE C. |  |                     |  |         |  | Issuer Name and Ticker or Trading Symbol     Lexaria Bioscience Corp. [ LEXX ]      Date of Earliest Transaction (Month/Day/Year) |  |        |  |         |   |  |               |  | all applicabl   | ctor  |                       | 10% Ov   |                                       |
|---|--|---------------------|--|---------|--|---|--|--------|--|---------|---|--|---------------|--|---|---|-----------------------|--|---------------------------------------|
| (Last)  | (First)  | ,                   | liddle)  |         | 02/09/2023   |   |  |        |  |         |   |  |               |  | Officer (give title below)  |   | Other (specify below) |  | specity                               |
| 19900 MACARTHUR BLVD., SUITE 550                              |  |                     |  |         | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |  |        |  |         |   |  |               | 6. Individual or Joint/Group Filing (Check Applicable Line)                  |   |   |                       |  |                                       |
| (Street) IRVINE   | CA   | 0′                  | 2612   |         |  |   |  |        |  |         |   |  |               | X  | Form filed by One Reporting Person<br>Form filed by More than One Reporting |   |                       | g Person   |                                       |
|   | CA   | 9.                  | 2012   |         |  |   |  |        |  |         |   |  |               |  |   |   |                       |  |                                       |
| (City)  | (State)  | ) (Z                | ip)  |         |  |   |  |        |  |         |   |  |               |  |   |   |                       |  |                                       |
|   |  | Ta                  | able I - Nor   | n-Deriv | ativ   | e Se  | curiti   | es Acq | uired, D   | isp     | osed of   | f, or E  | 3enefi        | cially Ow  | ned   |   |                       |  |                                       |
| Date  |  |                     |  |         | nnsaction<br>th/Day/Year)                                |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)  |        |  |         | ities Acquired (A) or<br>d Of (D) (Instr. 3, 4 and 5) |  |               | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) |   | 6. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 4)                                   |                       | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)        |                                       |
|   |  |                     |  |         |  |   |  |        | Code   | v       | Amount  | nount (A) or (D)   |               | Price  | (Instr. 3 and 4)  |   |                       |  | (111541.4)                            |
| Common Shares 02/0  |  |                     |  |         | 09/2023  |   |  | P      |  | 1,500 A |   | A  | \$2.8446      | 1,500  |   |   | D                     |  |                                       |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                     |  |         |  |   |  |        |  |         |   |  |               |  |   |   |                       |  |                                       |
| 1. Title of<br>Derivative<br>Security (Instr.<br>3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | se (Month/Day/Year) | 3A. Deemed<br>Execution Dat<br>if any<br>(Month/Day/Yo | Co      | Transaction Code (Instr.                                 |   | 5. Number of<br>Derivative<br>Securities<br>Acquired (A)<br>or Disposed<br>of (D) (Instr. 3,<br>4 and 5) |        | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |         |   | 7. Title and Amount of<br>Securities Underlying<br>Derivative Security (Instr.<br>3 and 4) |               |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                         | 9. Numbe<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transaction | e<br>s<br>lly         | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |
|   |  |                     |  | Cod     | de V   |   | (A)  | (D)    | Date<br>Exercisabl   |         | xpiration<br>ate                                      | Title  |               | Amount<br>or<br>Number<br>of Shares  |   | (Instr. 4)  | onia                  |  |                                       |
| Stock Options   | \$3.04   |                     |  |         |  |   |  |        | 09/02/2022   | 2 09    | 9/02/2027   |  | nmon<br>nares | 3,400  |   | 3,400   |                       | D  |                                       |
| Stock Options   | \$1.96   |                     |  |         |  |   |  |        | 10/12/2022   | 10      | 0/12/2027   |  | nmon          | 1,600  |   | 5,000   |                       | D  |                                       |

Explanation of Responses:

/Catherine C. Turkel/

02/27/2023

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).