SEC	Form	4
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the

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

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

(City)	(State)	(Zip)		
ABERDEEN SCOTLAND	SHIRE, X0	AB15 6AU	_	
(Street)				Form filed by More than One Reporting Person
ABERDEEN	FIELD ROAD		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person
(Last)	(First)	(Middle)	 3. Date of Earliest Transaction (Month/Day/Year) 04/26/2024 	Officer (give title Other (specify below) below)
1. Name and Ad Baxter Nic	dress of Reporting Pers	son*	2. Issuer Name and Ticker or Trading Symbol Lexaria Bioscience Corp. [LEXX]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner
issuer that is affirmative de	sale of equity securities of intended to satisfy the efense conditions of Rule ee Instruction 10.	the		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (Ir 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Following Reported	(Instr. 4)	Beneficial Ownership
			Code	v	Amount			Transaction(s) (Instr. 3 and 4)		(Instr. 4)
common shares								11,000	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Stock Options	\$3 ⁽¹⁾							04/26/2021	04/26/2026	Common Shares	1,500		1,500	D	
Stock Options	\$3 ⁽²⁾							06/08/2021	06/08/2026	Common Shares	5,000		6,500	D	
Stock Options	\$3 ⁽³⁾							09/01/2021	09/01/2026	Common Shares	1,900		8,400	D	
Stock Options	\$3.39							03/08/2022	03/08/2027	Common Shares	3,400		11,800	D	
Stock Options	\$1.96							10/12/2022	10/12/2027	Common Shares	18,200		30,000	D	
Stock Options	\$0.87							07/25/2023	07/25/2028	Common Shares	5,000		35,000	D	
Stock Options	\$2.36	04/26/2024		A		5,000		04/26/2024	04/26/2029	Common Shares	5,000	\$0	40,000	D	

Explanation of Responses:

1. Repriced from \$5.31 pursuant to shareholder approval received May 9, 2023

2. Repriced from \$7.08 pursuant to shareholder approval received May 9, 2023

3. Repriced from \$6.23 pursuant to shareholder approval received May 9, 2023

/Nicholas Baxter/

05/10/2024

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.

** Signature of Reporting Person

Date