FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287
Estimated average burde	n
h	0.5

#### 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

issuer that is inte	e of equity securities of ended to satisfy the use conditions of Rule enstruction 10.	the			
1. Name and Address of Reporting Person* <u>Carle Vanessa</u>			2. Issuer Name and Ticker or Trading Symbol <u>Lexaria Bioscience Corp.</u> [ LEXX ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owne	ar.
(Last) 100 - 740 MCC	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 04/26/2024	X Officer (give title Other (specific below) Secretary	
(Street) KELOWNA	A1	V1X 2P7	4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable     X Form filed by One Reporting Person     Form filed by More than One Reporting Person	,
(City)	(State)	(Zip)			

## 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 Ad Disposed Of (D			Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount (A) or (D) Price		Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
common shares								67	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 (In 8)		Derivativ Securitie Acquired Dispose	5. Number of Derivative Expiration Date Expiration Date (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Warrants	\$36							11/13/2019	11/13/2024	Common Shares	67		67	D	
Stock Options	\$3 <sup>(1)</sup>							04/26/2021	04/26/2026	Common Shares	12,500		12,567	D	
Stock Options	\$3 <sup>(2)</sup>							06/08/2021	06/08/2026	Common Shares	5,000		17,567	D	
Stock Options	\$3 <sup>(3)</sup>							09/01/2021	09/01/2026	Common Shares	10,000		27,567	D	
Stock Options	\$2.91							08/29/2022	08/29/2027	Common Shares	12,500		40,067	D	
Stock Options	\$1.15							10/26/2023	10/26/2028	Common Shares	12,500		52,567	D	
Stock Options	\$2.36	04/26/2024		A		10,000		04/26/2024	04/26/2029	Common Shares	10,000	\$0	62,567	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

<u>/Vanessa Carle/</u> <u>05/10/2024</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.