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

5. Relationship of Reporting Person(s) to Issuer
(Check all applicable)
X Director __X_ 10% Owner

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

BUNKA CHRISTOPHER

1. Name and Address of Reporting Person*

(Print or Type Responses)

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

2. Issuer Name and Ticker or Trading Symbol

LEXARIA CORP. [LXRP]

(Last) (First) (Middle) 1924 BIRKDALE AVE				3. Date of Earliest Transaction (Month/Day/Year) 01/20/2010					X_Officer (give title below) Other (specify below) CEO									
(Street) KELOWNA, A1 V1P1R7			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person									
(City		(State)	(Zip)				Table	e I - Non-Do	erivative	Securit	ies Acqu	ired, Dis	sposed o	of, or Benef	ficially Own	ed		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, r) any (Month/Day/Ye		,	3. Transaction Code (Instr. 8)		4. Securities Acq (A) or Disposed c (Instr. 3, 4 and 5)		of (D)	5. Amount of S Owned Followi Transaction(s) (Instr. 3 and 4)				6. Ownershi Form: Direct (D or Indirec (I) (Instr. 4)	p of Ir Ben Owr	neficial nership	
Common	Shares											4,318,9	958		-	I	Hol	vate lding mpany
Common	Shares											3,188,7	794			D		
Common	Shares		04/08/2015				I	P	33,200	A	\$ 0.09	3,221,9	994			D		
Common	Shares		04/08/2015				I	P	16,800	A	\$ 0.089	3,238,794			D			
Common	Shares		04/09/2015				I	P	10,000	A	\$ 0.104	3,248,7	794			D		
Reminder: R	Report on a se	eparate line for each	class of securities b	oeneticiali	ly ow	nea a	irectly	Perso in thi	ons who s form a	are not		d to res	pond u		on contair form displ		EC 147	74 (9-02)
Reminder: F	Report on a se	eparate line for each	class of securities b	oeneticiali	ly ow	nea a	irectly	Perso in thi	ons who s form a	are not	required	d to res	pond u				EC 147	4 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table II - 3A. Deemed Execution Date, if	- Derivati (e.g., pu 4. Transaci Code	ive Souts, ca	ecurit alls, w	per ative ities ired r	Perso in thi	ons who s form a rently va sposed of converti reisable a Date	are not alid OM	required IB contr reficially rities) 7. Title of Under Securities	d to respond to rol number Owned and Amorelying	pond uber.	8. Price of		of 10. Own Form y Deriv Secu Direct or Inc	ership of vative rity:	11. Natur of Indirec Beneficia
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	- Derivati (e.g., pu 4. Transaci Code	ive Sotts, ca	5. Numb of Derive Secur Acqui (A) or	ties Acarran per ative ities ired r psed)	Persoin thin a cur cquired, Dists, options, 6. Date Exe Expiration I	ons who s form a rently va sposed of converti reisable a Date	are not alid OM	required IB contr reficially rities) 7. Title of Under Securities	Owned and Ameerlying ies	pond uber.	8. Price of Derivative Security	9. Number Derivative Securities Beneficially Owned Following Reported	of 10. Own Form y Deriv Secu Direct or Inc	ership of vative rity: ct (D) direct	11. Natur of Indirec Beneficia Ownersh
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Relationships

Officer

Other

10%

Director

Reporting Owner Name /

Address

BUNKA CHRISTOPHER				
1924 BIRKDALE AVE	X	X	CEO	
KELOWNA, A1 V1P1R7				

Signatures

Taven White	04/09/2015
**Signature of Reporting Person	Date

Explanation of Responses:

- \star 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.