#### 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 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

(Print or Typ	e Responses	)																	
1. Name and Address of Reporting Person BUNKA CHRISTOPHER				2. Issuer Name and Ticker or Trading Symbol LEXARIA CORP. [LXRP]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director _X_ 10% Owner								
(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 Person _ Form filed by More than One Reporting Person								
(City)	)	(State)	(Zip)				Tab	le I - N	on-De	rivative	Securiti	ies Acqu	iired,	Disposed	of, or Bene	ficially Ow	ned		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		(	A) or D	ities Acq isposed of 4 and 5)	of (D)					6. Owner Form: Direct or Indi (I)	ship of It Ben	fature ndirect eficial nership tr. 4)		
							C	ode	V	Amount	(D)	Price					(Instr.		
Common	Shares												4,48	38,958			I	Но	vate lding mpany
Common Shares													6,00	05,206			D		
Common Shares			11/03/2015				P	1	1,500	A	\$ 0.205	6,00	6,006,706			D			
Common Shares			11/04/2015				P	$\epsilon$	5,500		\$ 0.19	6,01	6,013,206			D			
Common Shares			11/04/2015				P	4	1,500		\$ 0.193	6,01	6,017,706			D			
Common Shares 11			11/04/2015				P	5	5,000	A	\$ 0.195	6,022,706			D				
Common Shares			11/04/2015				P	7	70	A	\$ 0.179	6,02	22,776			D			
Reminder: R	Report on a se	eparate line for each	class of securities b	· Derivat	ive S	ecuri	ties A	i i acquire	Person in this a curro	ns who form a ently v	are not a alid OM	require IB cont eficially	d to i	respond ( umber.		ion contai form disp		SEC 147	4 (9-02)
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	tion	5. Num of	ber vative rities ired or osed )	Expiration Date of (Month/Day/Year) Sec			7. Title of Und Securit	Title and Amount 8. Underlying Decurities Se		Derivative Security	9. Number Derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly Or For See Or	wnership orm of erivative ecurity: irect (D) Indirect	11. Natur of Indirec Beneficia Ownersh (Instr. 4)	
				Code	V	(A)	(D)	Date Exerci	isable	Expii Date		Title		Amount or Number of Shares					
Stock Options	\$ 0.11							12/23	3/2014	4 12/2	3/2019	Comr Shar		500,000		500,00	0	D	
Stock Options	\$ 0.35							07/11	1/201	1 07/1	1/2016	Comr Shar		200,000		700,00	0	D	
Stock Options	\$ 0.10							06/18	3/2013	3 06/1	8/2018	Comr Shai		225,000		925,00	0	D	
Warrants	\$ 0.25							05/15	5/201:	5 05/1	5/2017	Comr		170,000		170,00	0	D	

# **Reporting Owners**

B 41 0 W 4	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BUNKA CHRISTOPHER 1924 BIRKDALE AVE KELOWNA, A1 V1P1R7	X	X	CEO			

# **Signatures**

Taven Scott-White	11/04/2015
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.