

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL						
OMB Number:	3235-0104					
Estimated average burden						
nours per response	e 0.5					

## INITIAL STATEMENT OF 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 Type Response	es)	. 1.				1							
Name and Address of Reporting Person*  REESE ALBERT L JR		2. Date of Event Requiring Statement (Month/Day/Year) 01/14/2021		-	3. Issuer Name and Ticker or Trading Symbol Lexaria Bioscience Corp. [LEXX]								
(Last)	(First)	(Middle)	—01/14/2021 —				4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  X_ Director Officer (give title below)  Other (specify below)				5. If Amendment, Date Original Filed(Month/Day/Year)		
	(Street)					- !					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)	Table I - Non-Derivative Securities Beneficially Owned										
1.Title of Security (Instr. 4)			F	2. Amount of Securities Beneficially Owned (Instr. 4)			Form (D) (I)	Ownership m: Direct or Indirect tr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
common shares			ç	917				D					
Reminder: Report on a	Persons unless th	or each class of s who respond t e form display I - Derivative S	to the c	ollection rently va	of info	ormatior IB contr	n contained in ol number.			·			
(Instr. 4)		and	Date Exercisable and Expiration Date fonth/Day/Year)		3. Title and Amount of Securities Underlying Derivati Security (Instr. 4)			ve or P	rice of Derivative	Form of Derivative Security: Dir	of ative ty: Direct		
			e rcisable	Expiratio Date	Title Amoun		nt or Number of		ecurity	(D) or Indirect (I) (Instr. 5)			
Reporting C	wners												

Donouting Owner Name /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
REESE ALBERT L JR	X					

## **Signatures**

Albert Reese Jr.	01/14/2021
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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.