FORM 4

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

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OMB Number:	3235-0287
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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

Name and Address of Reporting Person *- Quigley Brian W.				2. Issuer Name and Ticker or Trading Symbol Lexaria Bioscience Corp. [LXRP]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner					
4804 CH	ARMIAN	ROAD	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/15/2019					Officer (give t	itle below)	Other	(specify below)		
(Street)			4. If A	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group FilingCheck Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
	OND, VA									Jill liled by 141	ore man one re	eporting reison		
(Cit	y)	(State)	(Zip)		Table I - Non-Derivative Securities Acquired				s Acquired,	Disposed o	f, or Benefi	cially Owned		
(Instr. 3)		2. Transaction Date (Month/Day/Ye	Exec ar) any	Deemed cution Date, if nth/Day/Year)	Code (Inst	e (.	A) or Disposed of nstr. 3, 4 and 5)				(H I	Ownership Form: Direct (D) or Indirect	Beneficial Ownership	
						Co	ode V A	mount (A) or (D)	Price				I) Instr. 4)	
Reminder:	Report on a s	separate line for each	n class of securities b	eneficia	lly owned dire	ectly o	Person in this t	s who respond	quired to re	espond ur				474 (9-02)
Reminder:	Report on a s	separate line for each		I - Deriv	vative Securit	ies Ac	Person in this t a curre	orm are not rently valid OMB	quired to re control nu icially Owne	espond ur mber.				474 (9-02)
1. Title of	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Table I 3A. Deemed Execution Date, if	I - Deriv (e.g., 4. Transac Code	vative Securite puts, calls, w 5. Numb tion Derivati Securitie	ies Acarrant er of /e s l (A) sed of	Person in this t a curre quired, Dispo is, options, co 6. Date Exer Expiration D (Month/Day)	orm are not re ntly valid OMB sed of, or Benef nvertible securio cisable and ate	quired to re control nu icially Owne	espond ur mber. ed Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	To 10. Ownershi Form of Derivative Security: Direct (D) or Indirect (I)	11. Nati p of Indir Benefic Owners (Instr. 4
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table I 3A. Deemed Execution Date, if any	I - Deriv (e.g., 4. Transac Code	vative Securite puts, calls, w 5. Numb Derivati Securitie Acquire or Dispo (D) (Instr. 3,	ies Acarrant er of /e s l (A) sed of	Person in this to a curre quired, Dispose, options, co 6. Date Exer Expiration E (Month/Day.) Date Exercisable	orm are not re ntly valid OMB sed of, or Benef nvertible securio cisable and ate	quired to recontrol nuicially Owneries) 7. Title and of Underlying Securities	espond ur mber. ed Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Nati p of Indir Benefic Owners (Instr. 4

Reporting Owners

D 4 0 V /	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Quigley Brian W. 4804 CHARMIAN ROAD RICHMOND, VA 23226	X				

Signatures

Vanessa Carle	08/15/2019
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, {\it see}\ Instruction\ 6 for procedure.$

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.