FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
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houre per reenonee	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

1. Name and Address of Reporting Person * DOCHERTY JOHN MARTIN					Issuer Name and Ticker or Trading Symbol Lexaria Bioscience Corp. [LXRP] 3. Date of Earliest Transaction (Month/Day/Year) 01/20/2010 4. If Amendment, Date Original Filed(Month/Day/Year)							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director Officer (give title below) 6. Individual or Joint/Group Filing/Check Applicable Line) X_ Form filed by More Reporting Person Form filed by More than One Reporting Person					
	(Last) (First) (Middle) 23 MIKELEN DRIVE																
(Street)				4. If A													
PORT PERRY, A6 L9L 1V1 (City) (State) (Zip)					Table I - Non-Derivative Securities Acou						s Acqui	uired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	1. Title of Security 2. Transaction Date (Month/Day/Yo		Execution any	2A. Deemed Execution Date, i any (Month/Day/Year				on 4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		f (D)	5. Amount of Securities Beneficially Owned Following Reported Γransaction(s)			6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
				(MO	11111/1	Jay/Tear)	Co	ode V	Amou	(A) or (D)	Price	(Instr. 3 and 4)			or Indirect (I) (Instr. 4)	(Instr. 4)	
Common	nmon Shares									1,	1,312,000			I	Private holding company		
Reminder:	Report on a s	separate line for each	a class of securities	beneficia	illy o	whed direc	tiy or	Perso in this	form		quired	to re	spond ur		n containe orm display		1474 (9-02)
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	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
DOCHERTY JOHN MARTIN						
23 MIKELEN DRIVE PORT PERRY, A6 L9L 1V1	X	X				

Signatures

Kristin Hamilton	05/31/2018
**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, 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.