

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

OMB APPROVAL				
OMB Number:	3235-0104			
Estimated averag	e burden			
nours per respons	se 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 Responses)								
Name and Address of Reporting Person * Carle Vanessa	Stateme	2. Date of Event Requiring Statement (Month/Day/Year) 04/15/2021		3. Issuer Name and Ticker or Trading Symbol Lexaria Bioscience Corp. [LEXX]				
(Last) (First) (Middle) 100 - 740 MCCURDY ROAD	04/13/.			4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) KELOWNA, A1 V1X 2P7				(Check all applicable) Director 10% Owner X Officer (give title below) Secretary		ify A	6. Individual or Joint/Group Filing(Check Applicable Line)	
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned					vned	
1.Title of Security (Instr. 4)		2. Amount of Sect Beneficially Own (Instr. 4)			*	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
common shares		67			D			
Reminder: Report on a separate line for each of Persons who resumless the form of Table II - Deriv	pond to the d displays a cu	collection of i	information OMB contro	contained in I number.	this form are no	·	·	
1. Title of Derivative Security (Instr. 4)	2. Date Exerci Expiration Dat (Month/Day/Year)	te Exercisable and ation Date 3. Title and Amount of Securities Underlying		nderlying	or Exercise For Price of Derivative Sec		erivative ecurity:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) Indirect (I (Instr. 5)	ct (Í)	
Stock Options	04/23/2020	04/23/2025	Common Shares	5,000	\$ 9.6		D	
Warrants	11/13/2019	11/13/2024	Common Shares	67	\$ 36		D	
Reporting Owners								

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Carle Vanessa 100 - 740 MCCURDY ROAD KELOWNA, A1 V1X 2P7			Secretary		

Signatures

/Vanessa Carle/	04/16/2021
**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.