

(Print or Type Responses)

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

OMB APPROVAL				
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nours per response				

#### 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

3. Issuer Name and Ticker or Trading Symbol

2. Date of Event Requiring

1. Name and Address of Reporting Person * TURKEL CATHERINE C.	Statement (Month/Day/Year)  — 09/02/2022  4. Is		3. Issuer Name and Ticker or Trading Symbol Lexaria Bioscience Corp. [LEXX]					
(Last) (First) (Middle) 19900 MACARTHUR BLVD., SUITE 550			4. Relationship of Issuer (Check X Director	Reporting Person all applicable)	Filed(Mon	5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) IRVINE, CA 92612			Officer (give title Other (specify below)		Applicable I _X_ Form fi	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)	(City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)		2. Amount of Se Beneficially Ow (Instr. 4)	rned		4. Nature of Indire (Instr. 5)	ct Beneficial Ownership		
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  SEC 1473 (7-02)  Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.								
Table II - Derivative  1. Title of Derivative Security 2.	Securities Benefi Date Exercisable	3. Title and	· · · · · · · · · · · · · · · · · · ·	4. Conversion	5. Ownership	6. Nature of Indirect Beneficial		
(Instr. 4) an			nderlying Derivative	or Exercise Price of Derivative	Form of Derivative Security: Direct	Ownership e (Instr. 5) Direct		
Da Ex	te Expirat tercisable Date	Title Amou	nt or Number of	Security	(D) or Indirect (I) (Instr. 5)			

### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address		10% Owner	Officer	Other	
TURKEL CATHERINE C. 19900 MACARTHUR BLVD., SUITE 550 IRVINE, CA 92612	X				

## **Signatures**

/Catherine C. Turkel/	09/06/2022
**Signature of Reporting Person	Date

# **Explanation of Responses:**

#### No securities are beneficially owned

- 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.

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.