FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

3235-0287

OMB Number: Estimated average burden hours per response: 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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	the affirmative of Rule 10b5-1(of 10.																				
Name and Address of Reporting Person*							2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer					
BUNKA (	Lex	Lexaria Bioscience Corp. [ LEXX ]									Checkall applicable)  X Director			10% O	wner						
(Last)	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 07/29/2025									Office	Officer (give title below)			specify		
SUITE 100 740 MCCURDY ROAD															ndividual or e)	dividual or Joint/Group Filing (Check Applicable					
(Street) KELOWNA A1 V1X 2P7															Form	Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City) (State) (Zip)					-																
		Та	ble I - No	n-Der	ivative	e Se	curit	ies A	cquired,	Dis	posed	of, or	Bene	ficially	y Owned						
Dat				Date	2. Transaction Date (Month/Day/Year)		2A Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				Benefic Owned	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature o Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
common shares															37	3,543		D			
common shares															25	4,412		Ι	Private Holding Company		
common shares 07/2				9/2025	2025		P		15,600		A	\$0.92	15 27	270,012		Ι	Private Holding Compan				
common shares 07/30					0/2025	2025		P		11,900		A	\$0.91	31 28	281,912		Ι	Private Holding Compan			
			Table II -												Owned		•				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr 8)		<del>-</del>	rative rities ired osed )	6. Date Exercisabl Expiration Date (Month/Day/Year)		able and	of Securities		nount	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly C	Ownership Form: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	N O	mount r lumber of shares							
Stock Options	\$3								04/26/2021	0	4/26/2026	Comr Sha		26,000		26,000		D			
Stock Options	\$3								06/08/2021	0	6/08/2026	Comr Sha		23,334		49,334		D			
Stock Options	\$3								09/01/2021	0	9/01/2026	Comr Shar		15,000		64,334		D			
Stock Options	\$2.91								08/29/2022	0	8/29/2027	Comr Shar		30,000		94,334		D			
Stock Options	\$1.15								10/26/2023	10	0/26/2028	Comr Sha		30,000		124,334	4	D			
Stock Options	\$2.36								04/26/2024	0	4/26/2029	Comr Sha		49,500		173,834	4	D			
Stock Options	\$1.04								05/15/2025	0:	5/15/2030	Comr Shar		11,000		184,834	4	D			

**Explanation of Responses:** 

/Chris Bunka/

07/30/2025

\*\* Signature of Reporting Person

Date

Reminder. Report on a separate line for each class of securities beneficially owned directly or indirectly.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> 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.

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 Number.