LEXARIA CORP.

Form 4

August 24, 2011

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** 

**OMB APPROVAL** 

3235-0287 Number: January 31,

Expires: 2005

Estimated average burden hours per response... 0.5

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940

See Instruction

1(b).

(Print or Type Responses)

1. Name and ABUNKA C	Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol LEXARIA CORP. [LXRP]		5. Relationship of Reporting Person(s) to Issuer			
(14)		3. Date of Earliest Transaction			(Check all applicable)		
(Last)	(First) (1			ransaction			
5774 DEAI	DPINE DRIVE	(Month/I 08/22/2	Day/Year) 011		_X_ Director _X_ Officer (giv below)	ve title Oth below) man/CEO/Presic	ner (specify
	4. If Ame	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check		
KELOWN	A, A1 V1P1A3	Filed(Mo	nth/Day/Yea	r)	Applicable Line) _X_ Form filed by Form filed by Person	1 0	
(City)	(State)	(Zip) Tab	le I - Non-l	Derivative Securities Acc	quired, Disposed (	of, or Beneficia	lly Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities Acquired	5. Amount of	6.	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transacti	on(A) or Disposed of (D)	Securities	Ownership	Indirect
(Instr. 3)		any	Code	(Instr. 3, 4 and 5)	Beneficially	Form: Direct	Beneficial
		(Month/Day/Year)	(Instr. 8)		Owned	(D) or	Ownership
					Following	Indirect (I)	(Instr. 4)
				(A)	Reported	(Instr. 4)	
				or	Transaction(s) (Instr. 3 and 4)		
			Code V	Amount (D) Price	(msu. 3 and 4)		

Common 1,372,986 D **Shares** 

Private Common 08/22/2011 P I (1) 2,500 3,068,859 Holding 0.335 Shares Company Private Common

Code V Amount (D)

Price

08/23/2011 P 2,500 \$ 0.34 3,071,359  $I^{(1)}$ Holding Α Shares Company

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

#### Edgar Filing: LEXARIA CORP. - Form 4

required to respond unless the form displays a currently valid OMB control number.

Der Sec (Ins

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. Transactic Code (Instr. 8)	5. Dr.Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		e	7. Title and A Underlying S (Instr. 3 and	Securities	3 (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options	\$ 0.2					01/20/2010	01/20/2015	Common Shares	500,000	
Stock Options	\$ 0.35					07/11/2011	07/11/2016	Common Shares	200,000	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
reporting owner runne, runness	Director 10% Owner		Officer	Other			
BUNKA CHRISTOPHER	***	***	GL : (GEO/P : 11				
5774 DEADPINE DRIVE	X	X	Chairman/CEO/President				
KELOWNA, A1 V1P1A3							

# **Signatures**

Christopher

Bunka 08/24/2011

\*\*Signature of Person

Date

Reporting Person

### **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).
- (1) Chris Bunka is the sole owner of CAB Financial Services Ltd.

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.

Reporting Owners 2