Edgar Filing: LEXARIA CORP. - Form 4

EVADIA CODE

LEXARIA (CORP.										
Form 4											
June 28, 201	11										
FORM									PPROVAL		
		RITIES AND EXCHANGE CO shington, D.C. 20549				COMMISSION	OMB Number:	3235-0287			
Check th if no lon	ger STATEMEN'	F OF CHAN	F CHANGES IN BENEFICIAL OWN					Expires:	January 31, 2005		
subject to Section 16. Form 4 or							Estimated a burden hou	irs per			
Form 5		to Section 16	S(a) of th	a Sacuritia	o Ev	ohong	e Act of 1934,	response	0.5		
obligatio	Section 17(a) of					U		n			
may con	unue.	(h) of the Inv	•	• •	•			11			
<i>See</i> Instr 1(b).	ruction	(ii) of the in	, countent	company	1100	01 17					
1(0).											
(Print or Type	Responses)										
1. Name and A	2. Issuer	er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to					
BUNKA C	Symbol	ol				Issuer					
LEXARIA				P. [LXRP]			(Check all applicable)				
(Last)	(First) (Middle	3. Date of	3. Date of Earliest Transaction				(- /		
			onth/Day/Year)				_X_ Director _X_ 10% Owner _X_ Officer (give title Other (specify				
5774 DEAI	06/28/20	28/2011				below) below)					
							Chairm	an/CEO/Presid	lent		
(Street) 4. If Ame			Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
Filed(Mon				Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
KELOWNA, A1 V1P1A3							Form filed by More than One Reporting				
	A, AI VII IAJ						Person				
(City)	(State) (Zip)	Table	e I - Non-E	Derivative Se	ecuriti	ies Acq	uired, Disposed of	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Date 2A.		3. T	4. Securitie			5. Amount of	6. Oran englis	7. Nature of		
Security (Instr. 3)	(Month/Day/Year) Exe any	cution Date, if	Code	on(A) or Disp (Instr. 3, 4 a			Securities Beneficially	Ownership Form: Direct	Indirect Beneficial		
(•	nth/Day/Year)	(Instr. 8)	(Owned	(D) or	Ownership		
							Following Reported	Indirect (I)	(Instr. 4)		
					(A)		Transaction(s)	(Instr. 4)			
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common			Coue v	Amount	(D)	Thee		-			
Shares							1,267,986	D			
									Private		
Common	06/28/2011		Р	500,000	А	\$ 0.2	3,041,271	I (1)	Holding		
Shares						0.2			Company		

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

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.

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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. Transactio Code (Instr. 8)	ofDeri Secu Acqu Disp	umber of vative rities hired (A) or osed of (D) r. 3, 4, and	6. Date Exerci Expiration Dat (Month/Day/Y	e	7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Warrants	\$ 0.2	06/28/2011		М		500,000	07/10/2009	07/10/2011	Common Shares	1,600,
Stock Options	\$ 0.2 <u>(2)</u>						03/04/2009	07/20/2011	Common Shares	100,0
Stock Options	\$ 0.2						07/08/2009	07/20/2011	Common Shares	18,75
Stock Options	\$ 0.2						01/20/2010	01/20/2015	Common Shares	500,0

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
BUNKA CHRISTOPHER 5774 DEADPINE DRIVE	Х	х	Chairman/CEO/President			
KELOWNA, A1 V1P1A3						

Signatures

Christopher	
Bunka	06/28/2011
<u>**</u> 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).
- (1) Chris Bunka is the sole owner of CAB Financial Services Ltd.
- (2) On July 8, 2009, the exercise price was changed from \$0.12.

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.