FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per reenence:							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Sullivan Diane E.				LI	2. Issuer Name and Ticker or Trading Symbol LEXICON PHARMACEUTICALS, INC. [LXRX]						[Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last)	,	irst) GY FOREST BL	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/13/2024							Officer below)	r (give title)		Other (specification)	pecify	
11TH FLOOR					4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) THE WOODL	ANDS T	X	77381										Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)			Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							to					
		Tab	le I - Non	-Deriv	ative	e Se	curities	s Ac	quired, Di	sposed c	of, or Bei	neficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)				Securities Beneficially Owned Follow		Form: (D) or	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
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	Date Exec (Month/Day/Year) if an	3A. Deemed Execution D if any (Month/Day/	ate,	4. Transaction Code (Instr. 8)		n of		6. Date Exerc Expiration Da (Month/Day/\)	ite	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Ownership Form:	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$1.79	05/13/2024			A		44,906		(1)	05/13/2034	Common Stock	44,906	\$0	44,906		D		
Restricted Stock Units	\$0	05/13/2024			A		36,810		(2)	(3)	Common Stock	36,810	\$0	36,810		D		

Explanation of Responses:

- 1. Option vests with respect to one third of the shares subject to the option on each of the first three anniversaries of the grant date.
- 2. Restricted stock unit vests with respect to 100% of the shares subject to the restricted stock unit on the first anniversary of the grant date.
- 3. Each restricted stock unit represents a contingent right to receive one share of common stock.

/s/ Diane E. Sullivan

05/13/2024

** Signature of Reporting Person

Date

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

- * 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).

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.