FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| 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).

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* <u>LEFKOWITZ ROBERT J MD</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol LEXICON PHARMACEUTICALS, INC. [LXRX] | | | | | | | | | | elationship eck all appl X Direct | icable) | g Per | son(s) to Iss | |
| (Last) 2445 TE | • | First) GY FOREST BL | (Middle) PREST BLVD. | | | | | est Trans | sact | tion (Mor | nth/E | oay/Year) | | Office below | r (give title) | | Other (s below) | specify | | |
| 11TH FL | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) THE | ANDS T | X | 77381 | | | | | | | | | | | | | | filed by Moi | • | orting Perso | - 1 |
| | OODLANDS 1X 77301 | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| (City) | (5 | State) | (Zip) | | 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. | | | | | | | | | | | d to | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | 2. Trans Date (Month | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year | | , | Code (Instr. | | 4. Securities Acquired (ADisposed Of (D) (Instr. 35) | | | Securit Benefic Owned | i. Amount of Securities Seneficially Owned Following Reported | | n: Direct or Indirect ostr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | Code | v | Amount | (| (A) or (D) | Price | Transac | Transaction(s) (Instr. 3 and 4) | | | (1130.4) |
| Common Stock 04/28 | | | | | 8/2024 | 8/2024 | | | | M | | 8,032 | 2 A | | \$0 | 48 | 48,364 | | D | |
| | | Т | able II - | | | | | | | | | sed of onverti | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | ate, Transa Code (| | of | | Exp | Date Exe piration I onth/Day | | and 7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | xpiration ate | Title | 1 | Amount or Number of Shares | | | | | |
| Restricted Stock Units | \$0 | 04/28/2024 | | | М | | | 8,032 | | (1) | | (2) | Comn | | 8,032 | \$0 | 0 | | D | |

Explanation of Responses:

- 1. 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.
- 2. Each restricted stock unit represents a contingent right to receive one share of common stock.

04/29/2024 /s/ Robert J. Lefkowitz

** 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.