FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMP Number: | 3235-0287 | | | | | | | |
| OMB Number: | | | | | | | | |
| Estimated average b | ourden | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

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

| | aon ±(b). | | | File | | ion 30(h) of the | | | | | | | • | | | | | |
|---|---|--|--|---|--|--|---|------|--------|---|---------------|---|---|---|-------|---|--|--|
| 1. Name and Address of Reporting Person* NIES ALAN S | | | | | 2. Issuer Name and Ticker or Trading Symbol LEXICON PHARMACEUTICALS, INC. [LXRX] | | | | | | | | (Che | eck all applic | able) | ng Person(s) to Iss 10% Ov Other (s below) | | wner |
| (Last) (First) (Middle) 2445 TECHNOLOGY FOREST BLVD. 11TH FLOOR | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/28/2023 | | | | | | | | | | | | | | |
| (Street) THE WOODI | LANDS ^T | X | 77381 | | 4. If Ame | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | () | State) | (Zip) | | | | | | | | | | | | | | | |
| | | Tab | ole I - Nor | n-Deriv | ative Se | curities Ac | quir | red, | Disp | osed o | of, o | r Bene | ficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/L | | | Execution Date, | | Transaction Disposed Of Code (Instr. 5) | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transact | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| | | - | | | | urities Acq s, warrants | | | | | | | | 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 I if any (Month/Day | Date, T | ransaction code (Instr.) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 6. Date Exercisal Expiration Date (Month/Day/Year | | | of Securities | | | curity | Derivative de Security (Instr. 5) Bo | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Date
(D) Exercisable

(1)

(3)

(A)

8,032

12,658

Explanation of Responses:

\$0

\$2.36

Restricted

Stock Units

Stock Option (Right to Buy)

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.

Code

Α

A

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

04/28/2023

04/28/2023

3. 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.

/s/ Alan S. Nies

Expiration Date

(2)

04/28/2033

Title

Common

Common Stock

04/28/2023

8,032

12,658

D

D

** Signature of Reporting Person

Amount or Number

of Shares

8.032

12,658

\$0

\$<mark>0</mark>

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.