FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours ner resnonse	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*  Alexander Kristen						2. Issuer Name and Ticker or Trading Symbol LEXICON PHARMACEUTICALS, INC. [ LXRX ]										neck a	all applic Directo Officer	or (give title		10% Ov	vner	
(Last) (First) (Middle) 2445 TECHNOLOGY FOREST BLVD. 11TH FLOOR							3. Date of Earliest Transaction (Month/Day/Year) 02/28/2022										vP,	Finance a	nd A	below) ccounting		
(Street) THE WOODI	ANDS T	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person													n						
(City)	(S	tate)	(Zip)																			
		Tab	le I - No	n-Deriv	ative	Se	ecuriti	ies Ac	qu	uired,	Dis	posed o	of, o	r Ber	neficia	lly O	wnec	ı				
Date				2. Trans Date (Month/			2A. Deemed Execution Date, if any (Month/Day/Year)		´	3. Transaction Code (Instr. 8)						, 4 and Securiti Benefic Owned		s ally following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	v	Amount	(A) or (D)		Price	Trai		Reported ransaction(s) Instr. 3 and 4)			(instr. 4)	
Common Stock					3/2022	2				M		3,200		A	(1)		12,200		D			
Common Stock					28/2022					M		5,40	0	A	(1)		17,600			D		
Common Stock				02/28	28/2022					M		2,700		A	(1)		20,300			D		
Common	Stock			02/28	3/2022	2				<b>F</b> <sup>(2)</sup>		3,33	7	D	\$2.8	5	16,	963	D			
		Т	able II -									osed of onverti				y Ow	vned					
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	ed Date,	4. Transaction Code (Instr 8)		5. Number of		6. I	6. Date Exercisa Expiration Date (Month/Day/Yea		able and	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Security	Deri	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Da Ex	ate kercisabl		xpiration ate	Title		Amount or Number of Shares							
Restricted Stock Units	(1)	02/28/2022			M			3,200		(3)		(3)		nmon tock	3,200		(1)	0		D		
Restricted Stock Units	(1)	02/28/2022			M			5,400		(4)		(4)		nmon tock	5,400		(1)	5,400		D		
Restricted	(1)	02/20/2022			M			2.700		(4)		(4)	Con	nmon	2 700		(1)	F 400				

## **Explanation of Responses:**

- 1. Each restricted stock unit represents a contingent right to receive one share of common stock.
- 2. Withholding of a portion of issued shares by the Company in satisfaction of shareholder's tax withholding obligations with respect thereto.
- 3. Restricted stock units vest with respect to one third of the shares subject to the restricted stock units on February 28, 2020 and vest an additional one third on February 28 of each of the two succeeding years
- 4. Restricted stock units vest with respect to 1/3 of the shares subject to the restricted stock units on February 28 of each of the three years following the year of grant.

/s/ Kristen L. Alexander

02/28/2022

\*\* 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.