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 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*  Granowitz Craig B  (Last) (First) (Middle)  2445 TECHNOLOGY FOREST BLVD.					3. E 02/	Issuer Name and Ticker or Trading Symbol     LEXICON PHARMACEUTICALS, INC. [     LXRX ]      On the description of the sum of t										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below)  SVP, Chief Medical Officer					
11TH FLOOR  (Street)  THE WOODLANDS  TX  77381				-	4. If Amendment, Date of Original Filed (Month/Day/Year)  Rule 10b5-1(c) Transaction Indication										Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
(City)	(Si	(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.																			
1. Title of Security (Instr. 3)  2. Transa Date				saction	action 2A. Deemed Execution Date,							A) or	.) or 5. Amount of Securities			: Direct	7. Nature of Indirect Beneficial				
(Month.					<i>г</i> Бау/ те	Day/Year) if any (Mon		r any Month/Day/Year)		de (IIIs		5) Amount	(A) or (D) Price		Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		(I) (Instr. 4)		Ownership (Instr. 4)		
Common Stock 02.				02/2	8/202	3/2024		N	4		27,91	6 A		(1)	43,101			D			
Common	Stock			02/2	8/202	3/2024		N	4		35,79	0 A		(1)	78	,891		D			
Common Stock 02/2				02/2	8/2024		F <sup>(</sup>	2)		31,26	5 I	,	\$2.62	47	,626		D				
	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 D if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				Expira	e Exerc ation Da h/Day/\	ate	of Se ur) Unde Deriv		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable		xpiration ate	Title	or Nu of	ımber						
Restricted Stock Units	(1)	02/28/2024			M			27,916	(3	3)		(3)	Common Stock	27	7,916	(1)	27,91	7	D		
Restricted Stock Units	(1)	02/28/2024			M			35,790	(3	3)		(3)	Common	35	5,790	(1)	71,580	0	D		

## **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 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/ Craig B. Granowitz, M.D., Ph.D.

02/29/2024

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.