FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington.	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSH

l	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average burden								
ı	hours por rosponso:	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

Name and Address of Reporting Person* MAIN ALAN J				<u> </u>	2. Issuer Name and Ticker or Trading Symbol LEXICON PHARMACEUTICALS, INC. [LXRX]						[(Che	ck all application	tionship of Reporting all applicable) Director Officer (give title		on(s) to Issue 10% Ow Other (si	er	
(Last) 2445 TE	,	irst) GY FOREST BL	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/08/2024						X	below)			below)		
11TH FLOOR				4	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street) THE WOODL	ANDS T	X	77381		Pulo	10h5 1	1(0)	Transa	otion	Indi	ication	X	_	ed by More		One Reporti	ng
(City)	(5	State)	(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.												
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date		. Transacti ate Month/Day	Execution Date,		Code (In:	Transaction Disposed Of (D) (Instr. Code (Instr.			Securities Beneficia	5. Amount of Securities Beneficially Owned Following		Direct Indirect Etr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						Code	Am	Amount (A) or (D)		Price	Transacti (Instr. 3 a	ction(s)			ilisti. 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Code	action Derivative Expiration Date (Instr. Securities Acquired (A)		of Securiti Underlying Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code	v	(A)	(D)	Date Exercisable	Expira Date	ation	Title	Amount or Number of Shares	nount (Instr. 4)		on(s)		
Restricted Stock Units	(1)	02/08/2024		A		204,730		(2)	(2)	()	Common Stock	204,730	\$0	204,73	30	D	
Stock Option (Right to Buy)	\$2.15	02/08/2024		A		204,730		(3)	02/08/	/2034	Common Stock	204,730	\$0	204,73	30	D	

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of common stock.
- 2. 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.
- 3. Option vests with respect to 25% of the shares subject to the option on the first anniversary of grant, and vests 1/48th per month for each month of service thereafter.

/s/ Alan J. Main, Ph.D.

02/12/2024

** 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.