r. 3)		2. Transa		2A. Deemed	3.		4. Securities			5. Amount of		6. Ownership	7. Nature			
Tal		Davis	tivo S	ecurities Aca	uired.	Disp	osed of. o	r Bene	ficially	Owned						
ate)	(Zip)															
WOODLANDS 1X 77381										Form filed by More than One Reporting Person						
8800 TECHNOLOGY FOREST PLACE (Street) THF				nendment, Date of (Month/Day/Ye	6. Individual or Joint/Group Filing (Check Applicable Line)										
					ay/Year)		DEIOW)	Jeiow)								
1. Name and Address of Reporting Person* SOBECKI CHRISTOPHER J				2. Issuer Name and Ticker or Trading Symbol <u>LEXICON PHARMACEUTICALS, INC.</u> [LXRX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (spe			wner			
Form 5	STA		l pursuar	nt to Section 16(a) of	of the Se	curitie	es Exchange A	.ct of 193		IIP	Estimat	ted average burd	3235-0287 en 0.5			
						Washington, D.C. 20549							OMB APPROVAL			
	reporting Person ISTOPHER (Trst) Y FOREST PL (((((((((((((rst) (Middle) Y FOREST PLACE (X 77381 ate) (Zip)	nger subject to Form 5 lue. See Filed Reporting Person* ISTOPHER J rst) (Middle) FY FOREST PLACE X 77381 ate) (Zip)	Image: subject to Form 5 lue. See STATEMENT OF Filed pursuar or Sec Filed pursuar or Sec Reporting Person* 2. Issue LEX LXRX ISTOPHER J 2. Issue LEX LXRX rst) (Middle) FY FOREST PLACE 3. Date 04/24/ A. If Arr ate) (Zip)	mger subject to Form 5 lue. See STATEMENT OF CHANGES Filed pursuant to Section 16(a) or or Section 30(h) of the Im Reporting Person* 2. Issuer Name and Ticker ISTOPHER J 2. Issuer Name and Ticker rst) (Middle) Y FOREST PLACE 3. Date of Earliest Transact 04/24/2021 (At If Amendment, Date of Q (At If Amendment, Date of Q (At If Amendment, Date of Q	Mashington, D.C. Inger subject to Form 5 lue. See Filed pursuant to Section 16(a) of the Secon Section 30(h) of the Investment or Section 30(h) of the Investment ISTOPHER J Reporting Person* ISTOPHER J Instrument (Middle) BY FOREST PLACE (X Ate) (Zip)	Washington, D.C. 2054 Inger subject to Form 5 lue. See Filed pursuant to Section 16(a) of the Securitie or Section 30(h) of the Investment Com Reporting Person* ISTOPHER J rst) (Middle) PY FOREST PLACE X 77381 ate) (Zip)	Mashington, D.C. 20549 Inger subject to Form 5 lue. See Filed pursuant to Section 16(a) of the Securities Exchange A or Section 30(h) of the Investment Company Act of 19 Reporting Person* ISTOPHER J rst) (Middle) Y FOREST PLACE X Ate) (Zip)	Washington, D.C. 20549 Imager subject to Form 5 lue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 193 or Section 30(h) of the Investment Company Act of 1940 Reporting Person* ISTOPHER J rst) (Middle) YY FOREST PLACE (Middle) Ate) (Zip)	Mashington, D.C. 20549 Inger subject to Form 5 lue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Reporting Person* ISTOPHER J rst) (Middle) Y FOREST PLACE (X ate) (Zip)	Washington, D.C. 20549 Inger subject to Form 5 lue. See STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Reporting Person* ISTOPHER J rst) (Middle) YF FOREST PLACE X 77381 ate) (Zip)	nger subject to Form 5 lue. See STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 OMB N Estima hours p Reporting Person* 2. Issuer Name and Ticker or Trading Symbol LEXICON PHARMACEUTICALS, INC. [LXRX] 5. Relationship of Reporting (Check all applicable) X Director Officer (give title below) SY FOREST PLACE 3. Date of Earliest Transaction (Month/Day/Year) 04/24/2021 6. Individual or Joint/Group I Line) X Form filed by One Form filed by One Person	Image: subject to Form 5 use. See STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPRO Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 OMB Number: Estimated average burde hours per response: Reporting Person* 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Iss Check all applicable) ISTOPHER J 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Iss Check all applicable) rst) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 5. Relationship of Reporting Person(s) to Iss OH(24/2021) (Y FOREST PLACE 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Apple Person Pe			

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)	Derivative Conversion Date Ex Security or Exercise (Month/Day/Year) if a		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned	10. Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security					(A) or Disposed of (D) (Instr. 3, 4 and 5)				Amount			Following Reported Transaction(s) (Instr. 4)	(I) (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Number of Shares				
Restricted Stock Units	\$0	04/24/2021		М			10,638	(1)	(2)	Common Stock	10,638	\$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.

/s/ Christopher J. Sobecki

** Signature of Reporting Person

04/27/2021

Date

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

 \ast 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.