longer subject to Section 16. Form 4 or

Form 5 obligations

may continue. See

Instruction 1(b).

Washington, D.C. 20549

OMB APPROVAL					
OMB Number:	3235-02				

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the

Investment Company Act of 1940

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

287 Estimated average burden hours per response.. 0.5

(Print or Type	• •	*								_	1,	5 D.1	-4'l-'	-CD	- D(-) (T	
Name and Address of Reporting Person Townsend Kathleen				2. Issuer Name and Ticker or Trading Symbol LIGHTBRIDGE Corp [LTBR]						2	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director						
(Last) (First) (Middle) 6160 SHADY SIDE ROAD, PO BOX 305 (Street) SHADY SIDE, MD 20764				3. Date of Earliest Transaction (Month/Day/Year) 04/08/2015 4. If Amendment, Date Original Filed(Month/Day/Year)						-	Officer (give title below) Other (specify below) 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					w)	
(City)		(State)	(Zip)			Ta	able I	- Non-De	rivativ	e Securitie:	s Acquir	red, D	Disposed (of, or Benef	ficially Owne	d	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	any	med on Date, if Day/Year	ite, if (4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		f (D)	5. Amount of Securities Benefic Owned Following Reported Transaction(s) (Instr. 3 and 4)		1	6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership		
							Code		Amount (A) or (D)		Price				(I) (Instr. 4)		
								a curr	ently v	valid OMB of, or Benef	contro	ol nui	mber.		form displa	•	
1. Title of Derivative Security (Instr. 3)	Conversion Date Execute Or Exercise (Month/Day/Year) any		3A. Deemed Execution Date, if	4. if Transaction Code		5. Number		Expiration Date (Month/Day/Year) A)		7. Title of Und Securit	Title and Amount f Underlying ecurities (nstr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownersh Form of Derivati Security Direct (I or Indire	(Instr. 4)	
				Code	V	(A)	(D)	Date Exercisal		piration ite	Title		Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Options (Non	\$ 1.26	04/08/2015		A		28,249	9	(1)	04	l/08/2025	Comm		28,249	\$ 0	64,470	D	

Reporting Owners

D 4 0 Y /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Townsend Kathleen 6160 SHADY SIDE ROAD PO BOX 305 SHADY SIDE, MD 20764	X					

Signatures

/s/ Kathleen Townsend	04/10/2015
**Signature of Reporting Person	Date

Explanation of Responses:

- 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.
- (1) The options granted on 4/8/2015 are subject to 100% vesting on the first anniversary.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.	