

(Print or Type Responses)

|                                                               |  |                                         |                                                                                  |                                   |   |                                                                      |                                                                                                                                                                                                                                                                     |                                                                                                  |  |                                                             |                                                          |
|---------------------------------------------------------------|--|-----------------------------------------|----------------------------------------------------------------------------------|-----------------------------------|---|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|----------------------------------------------------------|
| 1. Name and Address of Reporting Person*<br>Townsend Kathleen |  |                                         | 2. Issuer Name and Ticker or Trading Symbol<br>LIGHTBRIDGE Corp [LTBR]           |                                   |   |                                                                      | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br><input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner<br><input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) |                                                                                                  |  |                                                             |                                                          |
| (Last) (First) (Middle)<br>6160 SHADY SIDE ROAD, PO BOX 305   |  |                                         | 3. Date of Earliest Transaction (Month/Day/Year)<br>04/08/2015                   |                                   |   |                                                                      |                                                                                                                                                                                                                                                                     |                                                                                                  |  |                                                             |                                                          |
| (Street)<br>SHADY SIDE, MD 20764                              |  |                                         | 4. If Amendment, Date Original Filed(Month/Day/Year)                             |                                   |   |                                                                      | 6. Individual or Joint/Group Filing(Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person                                                       |                                                                                                  |  |                                                             |                                                          |
| (City) (State) (Zip)                                          |  |                                         | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |                                   |   |                                                                      |                                                                                                                                                                                                                                                                     |                                                                                                  |  |                                                             |                                                          |
| 1. Title of Security<br>(Instr. 3)                            |  | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed Execution Date, if any<br>(Month/Day/Year)                            | 3. Transaction Code<br>(Instr. 8) |   | 4. Securities Acquired (A) or Disposed of (D)<br>(Instr. 3, 4 and 5) |                                                                                                                                                                                                                                                                     | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)<br>(Instr. 3 and 4) |  | 6. Ownership Form: Direct (D) or Indirect (I)<br>(Instr. 4) | 7. Nature of Indirect Beneficial Ownership<br>(Instr. 4) |
|                                                               |  |                                         |                                                                                  | Code                              | V | Amount                                                               | (A) or (D)                                                                                                                                                                                                                                                          | Price                                                                                            |  |                                                             |                                                          |

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

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 control number. SEC 1474 (9-02)

| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned<br>(e.g., puts, calls, warrants, options, convertible securities) |                                                        |                                         |                                                       |                                   |  |                                                                                            |  |                                                             |            |                                                                  |        |                                               |                                                                                                       |                                                                                     |                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|-----------------------------------|--|--------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|------------|------------------------------------------------------------------|--------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 1. Title of Derivative Security<br>(Instr. 3)                                                                                                   | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed Execution Date, if any<br>(Month/Day/Year) | 4. Transaction Code<br>(Instr. 8) |  | 5. Number of Derivative Securities Acquired (A) or Disposed of (D)<br>(Instr. 3, 4, and 5) |  | 6. Date Exercisable and Expiration Date<br>(Month/Day/Year) |            | 7. Title and Amount of Underlying Securities<br>(Instr. 3 and 4) |        | 8. Price of Derivative Security<br>(Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)<br>(Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I)<br>(Instr. 4) | 11. Nature of Indirect Beneficial Ownership<br>(Instr. 4) |
|                                                                                                                                                 |                                                        |                                         |                                                       |                                   |  |                                                                                            |  |                                                             |            |                                                                  |        |                                               |                                                                                                       |                                                                                     |                                                           |
| Stock Options<br>(Non Qualified)                                                                                                                | \$ 1.26                                                | 04/08/2015                              |                                                       | A                                 |  | 28,249                                                                                     |  | <a href="#">(1)</a>                                         | 04/08/2025 | Common Stock                                                     | 28,249 | \$ 0                                          | 64,470                                                                                                | D                                                                                   |                                                           |

Reporting Owners

| Reporting Owner Name / Address                                                  | Relationships |           |         |       |
|---------------------------------------------------------------------------------|---------------|-----------|---------|-------|
|                                                                                 | Director      | 10% Owner | Officer | Other |
| Townsend Kathleen<br>6160 SHADY SIDE ROAD<br>PO BOX 305<br>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. 78ff(a).

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

