## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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).

#### 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

(Print or Ty	pe Response	s)												
Name and Address of Reporting Person <sup>*</sup> Townsend Kathleen			2. Issuer Name and Ticker or Trading Symbol LIGHTBRIDGE Corp [LTBR]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director						
CORPOR	HTBRIDO	11710 PLAZ	(Middle) ZA AMERICA	3. Date of Earlies 03/31-05:00/2		on (Mo	onth/Day	//Year)		Office	er (give title belo	ow)	Other (specify b	elow)
(Street) RESTON, VA 20190			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)  X_Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City		(State)	(Zip)	T	able I - No	n-Der	ivative S	Securities	Acqu	ired, Disp	osed of, or l	Beneficially (	Owned	
(Instr. 3)		2. Transaction Date (Month/Day/Year)		(Instr. 8)		4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		of (D)			ollowing	Ownership o Form:	Beneficial	
				(Month/Day/Year	Code	V	Amoun	(A) or (D)	Price	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock		03/31- 05:00/2021		A		5,300	A	\$ 0	5,405			D		
Reminder:	Report on a s	separate line fo		Derivative Securit	ies Acquii	Pers cont the f	ons wh ained in form dis	no respor n this for splays a	m are curre eficial	e not requ ntly valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
		1	1	e.g., puts, calls, w	arrants, o							1		1
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/\)	Execution Day Year) any		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	and (Mo	And Expiration Date (Month/Day/Year)  And Units See (Inits Inits I		Am Und Sec	derlying urities str. 3 and Security (Instr. 5)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (I or Indire	Beneficial Ownership (Instr. 4)
				Code V	(A) (D)	Date Exer		Expiration Date	n Title	Amount or e Number of Shares				

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Townsend Kathleen C/O LIGHTBRIDGE CORPORATION 11710 PLAZA AMERICA DRIVE, SUITE 2000 RESTON, VA 20190	X					

### **Signatures**

/s/ Kathleen Townsend	03/31-05:00/2021			
**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).

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.