## 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)													
1. Name and Address of Reporting Person * ALESSI VICTOR E				2. Issuer Name and Ticker or Trading Symbol LIGHTBRIDGE Corp [LTBR]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				
(Last) (First) (Middle) C/O LIGHTBRIDGE CORPORATION, 11710 PLAZA AMERICA DRIVE, SUITE 2000			3. Date of Earliest Transaction (Month/Day/Year) 03/31-05:00/2021						Office	er (give title belo	ow)	Other (specify	below)		
(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 PersonForm 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 (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year	(Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)					ollowing	Ownership Form:	7. Nature of Indirect Beneficial Ownership		
					Cod	le	V Amoi		A) or (D)	Price	`	,		or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock		03/31- 05:00/2021		A		5,30	0 A		\$ 0	5,576 D		D			
Reminder: 1	Report on a s	eparate line to		Derivative Securi	ties Acq	P	ersons wontained ne form d	ho ro in th ispla	is form ys a c or Bene	m are currer	not requ ntly valid	OMB cont	formation spond unle trol numbe	SS	1474 (9-02)
		I	,	e.g., puts, calls, w						1 -		1	ı		
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) any		Year) Execution Date	4. Transaction Code (Instr. 8)	Number and		ınd Expirat	ate Exercisable Expiration Date nth/Day/Year)		Amo Undo Secu	tle and bunt of erlying trities r. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivat Security Direct ( or Indir	Beneficia Ownershi (Instr. 4)	
				Code V	(A) (		Oate Exercisable		oiration e	Title	Amount or Number of Shares				

## **Reporting Owners**

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

#### Signatures

/s/ Victor Alessi	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.