## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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 * GRAE SETH					2. Issuer Name <b>and</b> 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) 11/04-05:00/2021							X Officer (give title below) Other (specify below) President and CEO						
(Street) RESTON, VA 20190			4. If	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)				Table I - Non-Derivative Securities Acqu						cquir	ired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)		Date	enth/Day/Year) Ex		eemed tion Date, if h/Day/Year)			(Instr. 3, 4 and 5) (A) (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirec Beneficia Ownersh (Instr. 4)	ect ial hip				
Common Stock		11/04 05:00	l- 0/2021			A	V	278 (1)	A	\$ 10.5	5426	93,987	87		D			
Reminder:	Report on a s	separate line	for each	t class of secu		beneficially (		Pe co the	rsons wh ntained i e form di	ho res in this splays	forms a cu	n are urren	not requ tly valid		ormation spond unle trol numbe	ss	1474 (9-0	02)
		1			(e.g., )	puts, calls, w	arrants.	optio	ns, conver	rtible s	ecurit	ties)		1	1			
1. Title of Derivative Security (Instr. 3)  Conversi or Exerci Price of Derivative Security			Day/Year) Execution D any		ate, if	4. Transaction Code (Instr. 8)		Number an		d Expiration Date  Anonth/Day/Year)  S  (		Amou Under Secur	rlying		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form o Derivat Securit Direct ( or India	ship of Ind Benef ive Owne (y: (D)	Beneficial
						Code V	(A) (		ate kercisable	Expira Date	ation	Title	Amount or Number of Shares					

## **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
GRAE SETH C/O LIGHTBRIDGE CORPORATION 11710 PLAZA AMERICA DRIVE, SUITE 2000 RESTON, VA 20190	X		President and CEO			

### **Signatures**

/s/ Seth Grae	11/08-05:00/2021
**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).
- (1) Represents shares purchased through payroll deductions under the issuer's employee stock purchase plan.

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.