FORM	4
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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).

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

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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

I. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading Symbol GOLDMAN LARRY LIGHTBRIDGE Corp [LTBR]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) C/O LIGHTBRIDGE CORPORATION, 11710 PLAZ DRIVE, SUITE 2000	(Middle) ZA AMERICA	3. Date of Earliest Transaction (Month/Day/Year) 11/18-05:00/2021					X Officer (give title below) Officer (specify below) CFO			
(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)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if any	Code (Instr. 8)		(A) or Disposed of (D)		of (D)	Beneficially Owned Following Reported Transaction(s)	7. Nature of Indirect Beneficial	
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock	11/18- 05:00/2021		A <mark>(1)</mark>		27,901	A	\$ 0 (1)	79,178	D	

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

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	on	Numł	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security			Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur				(Instr	. 3 and			Security:	(Instr. 4)
	Security					Acqu	ired			4)			0	Direct (D)	
						(A) o							- F	or Indirect	
						Dispo							Transaction(s)		
						of (D)	·						(Instr. 4)	(Instr. 4)	
						(Instr	· · · ·								
						4, and	15)				-				
											Amount				
								Date	Evairation		or				
								Exercisable	Expiration Date	Title	Number				
								LACICISADIC	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

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

Signatures

/s/ Larry Goldman	11/22-05:00/2021
**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 a grant of restricted stock awards. The restricted stock awards will vest in three equal parts, beginning on the first anniversary of the date of grant, over the next three years, and are also subject to accelerated vesting upon the achievement of certain performance goals.

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.