FORM 4

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

OMB APPROVAL
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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 and Ticker or Trading Symbol LIGHTBRIDGE Corp [LTBR] | | | | | | | 5 | 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) 02/17-05:00/2022 | | | | | | | 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) | | Т | able I | - No | n-De | rivative | Securiti | ies Ac | cquir | ed, Dispo | osed of, or I | Beneficially | Owned | | |
| (Instr. 3) | | Date (Month/Day/Year) | | Deemed ution Date, if th/Day/Year) | if Code (Instr. 8) | | tion | 4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5) | | of (D | D) Benefici | | ant of Securities ally Owned Following d Transaction(s) and 4) | | Ownership Form: | of Indired Beneficia | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | Coo | de | v | Amount | (A) or (D) | Pric | ce | | , | | or Indirect (I) (Instr. 4) | (Instr. 4) | | |
| Common Stock | | 02/17- 05:00/2022 | | | | | V 639 (1) A \$ 7.072 | | 721 | 123,559 | | | D | | | | | |
| Reminder: | Report on a s | separate line f | or each class of secu | urities l | beneficially o | wned | direc | Per | sons wha | no resp n this f | form | are | not requ | | ormation spond unle rol numbe | ss | 1474 (9-0 | 02) |
| | | | Table II · | | ative Securi | | | | | | | | Owned | | | | | |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Ye | Year) Execution D | l Pate, if | 4. Transaction Code Year) (Instr. 8) | | Number a | | Date Exercisable d Expiration Date fonth/Day/Year) | | 7 A U S | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form o Derivat Securit Direct (or Indi | hip of Inc Benerative Owner (Instruction) | Beneficial Ownershij (Instr. 4) |
| | | | | | Code V | (A) | (D) | Dat Exe | te ercisable | Expirat Date | tion T | 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 | 02/18-05:00/2022 |
|---------------------------------|------------------|
| **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.