### 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 * MUSHAKOV ANDREY					2. Issuer Name and Ticker or Trading Symbol LIGHTBRIDGE Corp [LTBR]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O LIGHTBRIDGE CORPORATION, 11710 PLAZA AMERICA DRIVE, SUITE 2000					3. Date of Earliest Transaction (Month/Day/Year) 08/09-05:00/2021						X Officer (give title below) Other (specify below)  EVP, Nuclear Operations					
(Street) RESTON, VA 20190				4. If A	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	y)	(State)	(Zip)			Tab	le I - N	lon-De	erivative	Securitie	es Acqu	iired, Disp	osed of, or l	Beneficially (	Owned	
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	any	remed ion Date, n/Day/Yea	, if C (I (ar)				(A) or	of (D)	Beneficia	nt of Securit ally Owned I Transaction and 4)	Following n(s)	\ /	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Commor	1 Stock		08/09- 05:00/2021				A	V	100 (1)	A	\$ 6.481	63,167			D	
Reminder:	Report on a s	separate line	for each class of secu Table II -	· Deriva	tive Secu	ırities	s Acqu	Per cor the	sons who tained i form di	no respo n this fo splays a	orm ar a curre eneficia	e not requently valid	OMB con	formation spond unlea trol number	ss	1474 (9-02)
	L								s, conver						2 40	
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Ye:	Execution Da Year) any	ate, if	te, if Transaction N Code (Instr. 8)		Number a		and Expiration Date (Month/Day/Year)  A U S (I		Am Und Sec	Title and mount of aderlying curities sistr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (I or Indire	Beneficia Ownershi (Instr. 4)
								Da	te	Expirati	on	Amount or e Number				

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
MUSHAKOV ANDREY C/O LIGHTBRIDGE CORPORATION 11710 PLAZA AMERICA DRIVE, SUITE 2000 RESTON, VA 20190			EVP, Nuclear Operations				

## Signatures

/s/ Andrey Mushakov	08/10-05:00/2021
**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.