# 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 * FORMAN ERIC        |               |  | 2. Issuer Name and Ticker or Trading Symbol LIXTE BIOTECHNOLOGY HOLDINGS, INC. [LIXT.OB] |                       |             |                       |                                     |                                    | Directo                                  | nship of Rep<br>(Che<br>or<br>r (give title belo | ck all applic                                     |  |                         |             |
| (Last) (First) (Middle)<br>401 PARK AVENUE SOUTH, 10TH FLOOR |               |  | 3. Date of Earliest Transaction (Month/Day/Year) 02/04/2016                              |                       |             |                       |                                     |                                    |  |  |   |  |                         |             |
| NEW YO   | ORK,, NY      | (Street) 10016                             |  | 4. If Amendment,      | Date Origi  | nal Fi                | led(Month                           | /Day/Year)                         |  | _X_ Form file                                    | nal or Joint/O<br>ed by One Reported by More than | rting Person   |                         | ole Line)   |
| (City  |               | (State)                                    | (Zip)  | Та                    | ible I - No | n-Der                 | ivative S                           | Securities                         | Acqui                                    | red, Dispo                                       | osed of, or I                                     | Beneficially   | Owned                   |             |
| 1.Title of Security<br>(Instr. 3)                            |               | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year)                              | Code<br>(Instr. 8)    | v           | (A) or I              | Disposed 6<br>8, 4 and 5)<br>(A) or | of (D)                             | Reported Transaction(s) (Instr. 3 and 4) |  | ollowing  | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial<br>Ownership |             |
| Common   | stock         |  | 02/04/2016   |                       | G           | V                     | 34,000                              | ( )                                |  | 44,000   |   |  | D                       |             |
| Commor   | ı stock       |  | 02/04/2016   |                       | P           | V                     | 2,500                               |                                    | \$<br>0.25                               | 46,500   |   |  | D                       |             |
| Reminder:  | Report on a s | separate line fo                           | or each class of secur   | ities beneficially ov |             | Pers<br>cont<br>the f | ons wh<br>ained ir<br>orm dis       | o respoi<br>n this for<br>splays a | m are                                    | not requ   | ction of inf<br>lired to res<br>OMB cont          | pond unle  | ss                      | 1474 (9-02) |
| 1. Title of  |               |  |  |                       |             | ea, D                 | isposea c                           | of, or Ben                         | eficial                                  | ly Owned   |   |  |                         |             |

### **Reporting Owners**

|   | Relationships |              |         |       |  |  |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address  | Director      | 10%<br>Owner | Officer | Other |  |  |
| FORMAN ERIC<br>401 PARK AVENUE SOUTH, 10TH FLOOR<br>NEW YORK,, NY 10016 |               | X            |         |       |  |  |

## **Signatures**

| /s/ Eric Forman                 | 02/04/2016 |
|---------------------------------|------------|
| **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.