# FORM 4

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

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours	
response	0.5

SEC 1474 (9-02)

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 Type Responses)													
Name and Address of Reporting Person – FORMAN ERIC			Issuer Name and Ticker or Trading Symbol     LIXTE BIOTECHNOLOGY HOLDINGS, INC. [LIXT]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
680 EAST COLORADO BO		ddle)		3. Date of Earliest Transaction (Month/Day/Year) 12/17/2021						X_Officer (give title below) Other (specify below)  Secretary			
(Street) PASADENA, CA 91101				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group FilingCheck Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person			
(City)	(State)	Zip)			1	Гable I	- Non-Derivati	ve Securitie	s Acqui	ired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)		2. Transact (Month/Day	y/Year)	any	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form:	7. Nature of Indirect Beneficial	
				(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock		12/17/202	21		F		1,333,333	D	\$ 0	38,598	I	Trustee under the John and Barbara Kovach 2015 Trust	
Reminder: Report on a separate line	e for each class of securities beneficia	ally owned direc	tly or inc	directly.									

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative	2. Conversion or	3. Transaction	3A. Deemed	4. Transaction	Code	5. Number of I	Derivative	6. Date Exer	cisable and	7. Title	and Amount of Underlying	8. Price of	9. Number of	10.	11. Nature
Security	Exercise Price of	Date	Execution Date, if	(Instr. 8)		Securities Acq	uired (A) or	Expiration D	ate	Securit	ies	Derivative	Derivative	Ownership	of Indirect
(Instr. 3)	Derivative	(Month/Day/Year)	any			Disposed of (E	0)	(Month/Day/	(Year)	(Instr.	3 and 4)	Security	Securities	Form of	Beneficial
	Security		(Month/Day/Year)			(Instr. 3, 4, and	15)					(Instr. 5)	Beneficially	Derivative	Ownership
													Owned	Security:	(Instr. 4)
													Following	Direct (D)	
								Date	Expiration	Title	Amount or Number of Shares		Reported	or Indirect	
								Exercisable	Date				Transaction(s)	(I)	
				Code	V	(A)	(D)						(Inetr 4)	(Inetr 4)	

#### **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
FORMAN ERIC 680 EAST COLORADO BOULEVARD, SUITE 180 PASADENA, CA 91101			Secretary					

## **Signatures**

/s/ Eric Forman	04/06/2022
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).

#### Remarks:

On December 17,2021, the Reporting Person was replaced as Trustee for the John and Barbara Kovach 2015 Trust, and accordingly no longer was the beneficial owner of the 1,333,333 shares owned of record by the Trust.

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.