

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

OMB APPROVAL						
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Estimated average burden						
nours per response						

### INITIAL STATEMENT OF 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 Respons	ses)												
Bernards Rene		Sta	2. Date of Event Requiring Statement (Month/Day/Year)			3. Issuer Name and Ticker or Trading Symbol LIXTE BIOTECHNOLOGY HOLDINGS, INC. [LIXT]							
(Last) (First) (Middle) (Moldle) (KONINGSVAREN 37			<i>322</i>			4. Relationship of Issuer	•		n(s) to	5. If Amendment, Date Original Filed(Month/Day/Year)			
ABCOUDE, P7 1	(Street) 391 AD					(Check _X_DirectorOfficer (give tit below)			applicable)10% OwneOther (spe		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 Beneficially Owned							wned			
1.Title of Security (Instr. 4)			Ве	2. Amount of Securities Beneficially Owned (Instr. 4)			Form (D) (I)	Ownership m: Direct or Indirect tr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock			72	72,500				D					
Reminder: Report on a	Persons unless th	for each class of sec who respond to ne form displays	the co a curr	ently val	of info	ormatio IB cont	on contained in the rol number.			·			
1. Title of Derivative Security (Instr. 4)		and Ex	2. Date Exercisable and Expiration Date (Month/Day/Year)				Amount of derlying Derivative		4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security: Dire	of ative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Date Exerci	Date Expirat Date		Title	Amoun	nt or Number of	Secu Number of		(D) or Indirect (I) (Instr. 5)			
Reporting (	Owners												

Denouting Owner Name /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Bernards Rene						
KONINGSVAREN 37 ABCOUDE, P7 1391 AD	X					

# **Signatures**

Rene Bernards	06/23/2022
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- If the form is filed by more than one reporting person, see Instruction 5(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.