(City)

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB	APP	RO\	/AI

OMB Number:	3235-0287
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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).

(State)

(Zip)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

10b5-1(c). See Instru						
1. Name and Address Bernards Rene (Last) KONINGSVARE	(First)	(Middle)	Issuer Name and Ticker or Trading Symbol     LIXTE BIOTECHNOLOGY HOLDINGS, INC.     [ LIXT ]      3. Date of Earliest Transaction (Month/Day/Year)     06/30/2025		ionship of Reporting Persor all applicable) Director Officer (give title below)	n(s) to Issuer  10% Owner  Other (specify below)
(Street) ABCOUDE	P7	1391AD	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi	idual or Joint/Group Filing (i Form filed by One Repor Form filed by More than	ting Person

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	ecution Date, any onth/Day/Year)  Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)		5. Numb Derivativ Securitie Acquired Dispose (D) (Instrand 5)	/e es d (A) or d of	Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Options to Purchase Common Stock	\$0.905	06/30/2025		A		10,000		09/30/2025	06/30/2030	Common	10,000	\$0 <sup>(1)</sup>	10,000	D	
Options to Purchase Common Stock	\$0.905	06/30/2025		A		10,662		06/30/2025	06/30/2030	Common	10,662	\$0 <sup>(2)</sup>	10,662	D	
Options to Purchase Common Stock	\$1.21							03/31/2025	03/31/2030	Common	8,045		8,045	D	
Options to Purchase Common Stock	\$2.33							01/20/2025	01/20/2030	Common	4,166		4,166	D	
Options to Purchase Common Stock	\$1.3							09/30/2024	09/30/2029	Common	5,304		5,304	D	
Options to Purchase Common Stock	\$2.37							06/30/2024	06/30/2029	Common	10,000		10,000	D	
Options to Purchase Common Stock	\$2.37							06/30/2024	06/30/2029	Common	4,149		4,149	D	

# Explanation of Responses:

- 1. Effective June 30, 2025, the reporting person was granted stock options to purchase an aggregate of 10,000 shares vesting in eight equal installments on the last day of each subsequent quarter until fully vested with vesting to start on September 30, 2025.
- 2. Effective June 30, 2025 the reporting person was granted stock options to purchase an aggregate of 10,662 shares vesting immediately. The grant was in lieu of the quarterly cash compensation due to the reporting person under the Board Compensation Plan.

/s/ Rene Bernards

07/08/2025

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).