Form **8937**(December 2011) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Part I Reporting	Issuer			
1 Issuer's name				2 Issuer's employer identification number (EIN)
Lexington Realty Trust				13-3717318
		4 Telephon	e No. of contact	5 Email address of contact
Nabil Andrawis			(212) 692-7200	nandrawis@lxp.com
6 Number and street (or P.O. box if mail is not delivered to street address) of contact				7 City, town, or post office, state, and Zip code of contact
One Penn Plaza Suite 401	5	New York, NY 10119		
8 Date of action		9 Class	sification and description	
7/26/16		6% Conv	vertible Guaranteed Notes d	lue 2030
10 CUSIP number	11 Serial number(12 Ticker symbol	13 Account number(s)
529043 AA9				
				e back of form for additional questions.
-				e against which shareholders' ownership is measured for
on July 25 and July 26, 20				envertible Guaranteed Notes due 2030 (the "Notes")
on July 25 and July 26, 20	TO TOT CONTINION SLOC	k and cash i	irried of fractional shares.	

				ty in the hands of a U.S. taxpayer as an adjustment per
				ock received will equal their basis in the Notes reduced ersion ratio for the Notes was 159.0145 common shares
				ck is equal to the quotient of their basis in the Notes
			al share) divided by the nun	
1,000				
				ation, such as the market values of securities and the s in the Notes (reduced by the portion of the basis
attributable to the fraction	al shares).			

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Page 2	2

Part	П	Organizational Action (con	ntinued)			
					CANALON CONTRACTOR OF THE CONT	######################################
17 L	ist the	applicable Internal Revenue Code	section(s) and subsection(s) upon which the tax t	reatment is based ▶	Section 1001, Treasury
		Section 1.1001-1.	reserves and education	y apon mnon the tax t	Tournois to bacour	Section root, measury
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		- AND THE STATE OF				
		7 TAN TRANSPORT OF THE PROPERTY OF THE PROPERT				
40.0						
18 C	an any	y resulting loss be recognized? ▶	Loss can be recognized w	ith respect to the ca	sh received in lieu of	the fractional share.
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			material control of the control of t			
			was maken that the control of the co			
			Market Control of the			
					· · · · · · · · · · · · · · · · · · ·	
		any other information necessary to	o implement the adjustment	, such as the reportab	le tax year ► This act	ion is effective on the date of
the red	empti	on identified above.				

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***************************************		MANAGEMENT				

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	Unde	r penalties of perjury, I declare that I ha	ave examined this return, includ	ing accompanying sched	dules and statements, ar	d to the best of my knowledge and
	Dellei	, it is true, correct, and complete. Declar		•		r has any knowledge.
Sign			ed copy available	at Company		116
Here	Signa	Headquarters.			Date ► 8/8/20)10
	Print	your name ► Nabil Andrawis				ice President & Dir of Tax
Paid		Print/Type preparer's name	Preparer's signature		Date	heck if PTIN
Prepa	rer					elf-employed
Use C		Firm's name ►			F	irm's EIN ▶
	y	Firm's address ►			P	hone no.
Send Fo	rm 89	337 (including accompanying state	ments) to: Department of the	e Treasury, Internal Re	venue Service, Ogde	n, UT 84201-0054