Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service See separate instructions.						
	eporting	Issuer				
1 Issuer's nan					2 Issuer's employer iden	tification number (EIN)
		Lexington Realty Tr		13-3717318		
3 Name of co	ntact for ad	Iditional information	4 Telephor	e No. of contact	5 Email address of contact	
Nabil Andrawis	.			(212) 692-7200	nandrawis@lxp.com	
		P.O. box if mail is not		7 City, town, or post office, state, and ZIP code of contact		
515 N Flager Dr 8 Date of action			West Palm Beach, FL 3340	West Palm Beach, FL 33401		
O Date of activ	OH		Jolas	sification and description		
Various see 14	below		Commoi	n Stock		
10 CUSIP num	ber	11 Serial number((s)	12 Ticker symbol	13 Account number(s)	
529043 Part II O		onal Action Attac	ah additiona	LXP	 See back of form for additional qu	
					date against which shareholders' owner	
					s common shareholders for the 202	
					outions were paid on 01/16/24, 4/15/	
		dates are 12/29/23, 3		· · · · · · · · · · · · · · · · · · ·	success were para error respect, in terr	<u> </u>
1110 01101010	3.0.000.4	<u> </u>	7/20/2 1/ 0/20/1	- 1 and 7/00/2 n		
	•	-			urity in the hands of a U.S. taxpayer a	- ,
			he distributio	ons reduced the basis of t	he security in the hands of the US t	axpayer as follows:
Payable		Share Reduction				
Date		Basis Basis				
01/16/24 04/15/24		00361 00361				
07/15/24		00361				
10/15/24		00361				
10/10/21	Ψ.	00001				
16 Describe t	the calculat	ion of the change in b	pasis and the	data that supports the calc	ulation, such as the market values of	securities and the
					RC section 312 as modified by IRC s	
					of the portion of the earnings and	
				shares to the extent of ba		or o
<u>common share</u>	331044001	THO SHALLOHOLDON S (A)	C DUSIS III IIS	Shares to the extent of be		
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Par	t II	Organizational Action (continued)							
17	List the	e applicable Internal Revenue Code section	n(s) and subsection(s) upon whic	ch the tax treatment is I	based ► I.R.C section 301(c)(2).					
18	Can an	y resulting loss be recognized? ► NO								
19	Provide	e any other information necessary to imple	ement the adjustment, such as th	ne reportable tax year 🕨	These actions are effective on the					
dates	identif	ied above.								
	Und	er penalties of perjury, I declare that I have exa	mined this return, including accomp	anving schedules and sta	tements, and to the best of my knowledge and					
		of, it is true, correct, and complete. Declaration of								
Sign										
Here	、	ature ▶ Original executed copy available at com	1/15/2025							
	0.911			Date ►						
	Print	your name ► Nabil Andrawis		Title ► Ex	ecutive Vice President & Dir of Tax					
Paid	1	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN					
	arer				self-employed					
	Only				Firm's EIN ▶					
	y	Firm's address ▶			Phone no.					
Send	Form 8	937 (including accompanying statements)	to: Department of the Treasury,	Internal Revenue Servi	ice, Ogden, UT 84201-0054					