Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

Department of the Trea Internal Revenue Servi	asury			► See separate instructions	S.	
	porting	Issuer			-	
1 Issuer's name					2 Issuer's employer iden	tification number (EIN)
		Lexington Realty Tr		13-3717318		
3 Name of conta	act for ad	Iditional information	4 Telephor	ne No. of contact	5 Email address of contact	
Nabil Andrawis				(212) 692-7200	nandrawis@lxp.com	
	street (or	P.O. box if mail is not		7 City, town, or post office, state, and ZIP code of contact		
One Penn Plaza S		5	New York, NY 10119	New York, NY 10119		
8 Date of action	1		9 Clas	sification and description		
Various see 14 be	elow		Commo	n Stock		
10 CUSIP number		11 Serial number		12 Ticker symbol	13 Account number(s)	
52904310				LXP		
					See back of form for additional qu	
					late against which shareholders' owne	
					s common shareholders for the 202	
				•	outions were paid on 01/17/23, 4/17/	23, 1/11/123 and 10/16/23
The Shareholders	s record	dates are 12/30/22, 3	3/31/23, 6/30/	23 and 9/29/23.		
	•	-			urity in the hands of a U.S. taxpayer a	
share or as	a percent	age of old basis $ ightharpoonup$	he distribution	ons reduced the basis of the	he security in the hands of the US t	axpayer as follows:
Payable	Per	Share Reduction				
Date	of E	Basis				
01/17/23	\$.0	035412				
04/17/23		035412				
07/17/23		035412				
10/16/23	\$.0	035412				
		-			ulation, such as the market values of	
					RC section 312 as modified by IRC s	
					of the portion of the earnings and	profits allocable to the
common shares	reduce t	he shareholder's tax	x basis in its	shares to the extent of ba	isis.	

Par	t II	C	Organizational Action (continued)			
17	List t	the a	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax to	reatment is based l	I.R.C section 301(c)(2).
18	Can	any	resulting loss be recognized? ► NO			
19			any other information necessary to implem	nent the adjustment, such as the reportab	le tax year ▶ <u>Thes</u>	e actions are effective on the
dates	siden	шпе	d above.			
	U	nder	penalties of perjury, I declare that I have exam	nined this return, including accompanying sche	dules and statements	s, and to the best of my knowledge and
	be	elief,	it is true, correct, and complete. Declaration of	preparer (other than officer) is based on all infor	mation of which prep	arer has any knowledge.
Sigr						
Her	e si	ignat	Original executed copy available at cor	mpany's headquarters.	Date ► 1/15/2	2024
		_	our name ► Nabil Andrawis Print/Type preparer's name	Preparer's signature	Title ► Executiv	e Vice President & Dir of Tax
Paid			, po proparor o name			Check if self-employed
Pre Use			Firm's name ▶	1	1	Firm's EIN ▶
<u> </u>	: Un	יישיי –	Firm's address ►			Phone no.
Send	Form	_	37 (including accompanying statements) to	o: Department of the Treasury, Internal Re	venue Service, Og	