FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

<i>N</i> ashington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response	: 0.5						

	ction 1(b).	ide. Gee		Filed						es Exchangen es Exchangen es Exchange		.934		liours	s per response:	0.5	
Name and Address of Reporting Person* Von Seggern Christopher				2. Issuer Name and Ticker or Trading Symbol Xenon Pharmaceuticals Inc. [XENE]							check all app Direc	blicable) ctor er (give title		6 Owner er (specify			
(Last) 200-3650	st) (First) (Middle) 0-3650 GILMORE WAY					3. Date of Earliest Transaction (Month/Day/Year) 12/06/2021							Cl	Chief Comm		cer	
(Street) BURNA	BY A	L V	75G 4W8						of Original Filed (Month/Day/Year)				ne) X Form Form				
(City)	(St		Zip) I - Non-D	Deriva	tive S	ecui	rities Acc	ηuired,	Dis	posed of	, or Be	nefici					
Date			Transac ate //onth/Da	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (AD) (Instr. 3)			nd Securi Benefi	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indired					
								Code	v	Amount	(A) or (D)	Price	Transa	action(s) 3 and 4)		(11341.4)	
Common Shares 12/06				12/06/2	′2021		P		4,000	A	\$24	1.4	4,000				
		Tal	ole II - De (e.ç							osed of, o				d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	Date,	4. Transac Code (I 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Expirati (Month/	on Da		7. Title a Amount Securitie Underlyi Derivativ Security 3 and 4)	of es ing /e (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (or Indi (I) (Inst	Benefic Owners ect (Instr. 4	

Date Exercisable

Expiration Date

Explanation of Responses:

Remarks:

/s/ Cassandra Robinson, Attorney-in-fact

of Shares

Title

12/07/2021

** Signature of Reporting Person

Date

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

- * If the form is filed by more than one reporting person, see Instruction 4 (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.

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.

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