FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPRO	VAL
l	OMB Number:	3235-0287
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l	hours per response:	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

	d Address of		2. Issuer Name and Ticker or Trading Symbol Xenon Pharmaceuticals Inc. [XENE]										all applicable) Director		ng Person(s) to Issu 10% Owr		wner			
(Last) (First) (Middle) C/O XENON PHARMACEUTICALS INC							3. Date of Earliest Transaction (Month/Day/Year) 12/15/2016									Office	er (give title v)		Other (specify below)	
200 - 3650 GILMORE WAY (Street) BURNABY A1 V5G 4W8 (City) (State) (Zip)				}	4. If Amendment, Date of Original Filed (Month/Day/Year)										i. Indivi ine) X					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,			3. Transa Code (8)						4 and S		5. Amount of Securities Beneficially Owned Following Reported		ership Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	Amount	()	A) or D)	Price	Trans		ction(s) 3 and 4)			(11311. 4)			
Common	Shares	/2016	2016		S		30,000	D \$7		\$7.	.85	115,869		I)					
Common Shares															1,184]]	By Spouse	
		Та									sed of, onvertib					ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transactic Code (Insi				6. Date E Expiratio (Month/D	n Date	е	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3		ivative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ow For Dire or I (I) (Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date Title Amou		nber							

Explanation of Responses:

/s/ Joanne Smartt, Attorney-in-12/19/2016

fact

** 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.