Instruction 1(b)

Hayden Michael R

FORM 4

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

1. Name and Address of Reporting Person*

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHA	NGES IN	BENEFICIA	L OWNERS	SHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Xenon Pharmaceuticals Inc. [XENE]

2. Issuer Name and Ticker or Trading Symbol

Hayden Michael R					-									X Directo	Director		10% Ow	ner
(Last) (First) (Middle) C/O XENON PHARMACEUTICALS INC. 200 - 3650 GILMORE WAY					3. Date of Earliest Transaction (Month/Day/Year) 11/09/2014								Officer below)	(give title		Other (s below)	pecify	
(Street) BURNABY A1 V5G 4W8				- 4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicab Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)															
		Tab	le I - Nor	n-Deriv	vativ	e Se	curit	ties Ac	quired,	Dis	osed o	of, or Be	neficia	lly Owned				
		Date	Transaction te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			d Securitie Benefici Owned F	Amount of ecurities eneficially wned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	Amount (A) or (D)		Reported Transact (Instr. 3	ion(s)			(Instr. 4)
Common	Common Shares			11/0	9/2014				С		10,03	30 A	(1)	71	,689		I I	By wife
Common Shares		11/0	1/09/2014				С		2,69	3 A	(1)	74	74,382		I I	By wife		
Common Shares		11/0	09/2014				С		1,50	1,504 A		75	75,886		I I	By wife		
		-	Гable II -									, or Ben ble secu		/ Owned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any	a. Deemed decution Date, any		4. Transaction Code (Instr. B)		5. Number 6		6. Date Exercisa Expiration Date (Month/Day/Yea				8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e Owners s Form: ally Direct (or Indir	Ownership	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Series A Preferred Shares	(1)	11/09/2014			С			10,030	(1)		(1)	Common Shares	10,030	\$0.00	0		I	By wife
Series B Preferred Shares	(1)	11/09/2014			С			2,693	(1)		(1)	Common Shares	2,693	\$0.00	0		I	By wife
Series E Preferred	(2)	11/09/2014			С			1,504	(2)		(2)	Common Shares	1,504	\$0.00	0		I	By wife

Explanation of Responses:

1. The Series A Preferred Shares and Series B Preferred Shares converted into Common Shares on a 1-for-1 basis immediately prior to the completion of the Issuer's initial public offering of Common Shares and had no expiration date.

2. The Series E Preferred Shares converted into Common Shares on a 1.2-for-1 basis immediately prior to the completion of the Issuer's initial public offering of Common Shares and had no expiration date.

Remarks:

/s/ Barbara A. Mery, Attorney-

11/12/2014

** 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.