FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
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OMB APPROVAL											
OMB Number:	3235-028										
Estimated average bu	rden										

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* TARNOW MICHAEL M						2. Issuer Name and Ticker or Trading Symbol Xenon Pharmaceuticals Inc. [XENE]								(Ch	Relationship leck all appli X Directo	cable) or	g Pers	10% Ov	vner	
(Last) (First) (Middle) C/O XENON PHARMACEUTICALS INC						3. Date of Earliest Transaction (Month/Day/Year) 06/21/2018									Officer below)	(give title		Other (s below)	specify	
200 - 3650 GILMORE WAY					4. If	Ame	ndmei	nt, Date	of Origina	ıl File	d (Month/D	ay/Ye	ar)		6. Individual or Joint/Group Filing (Check Applicable					
(Street)	(Street) BURNABY A1 V5G 4W8														Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																	
		Tab	le I - Noi	n-Deriv	ative	Se	curit	ies Ad	quired	, Dis	sposed	of, o	r Ben	eficial	ly Owned	i				
Date				Date	. Transaction Date Month/Day/Year)		Execution Date,		Code	Transaction Dis Code (Instr. 5)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			Benefici Owned I	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common	Shares			06/21	06/21/2018				М		5,14	4 A \$		\$3.70	1) 60	,311	D			
Common Shares				06/21/2018		3			М		2,05	2,057		\$3.66	(1) 62	62,368		D		
Common Shares 06				06/21	1/2018				М		5,14	5,144		\$3.07	(1) 67	,512		D		
		T									osed of				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemo Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		5. Number 6		6. Date Exercis: Expiration Date (Month/Day/Yea		e	7. Title and Amount of Securities Underlying Derivative S (Instr. 3 and			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares						
Stock Option (Right to Buy)	\$3.7 ⁽¹⁾	06/21/2018			М			5,144	(2)		06/26/2018	Com	amon ares	5,144	\$0.00	0		D		
Stock Option (Right to Buy)	\$3.66 ⁽¹⁾	06/21/2018			М			2,057	(3)		06/30/2018	Com	amon ares	2,057	\$0.00	0		D		
Stock Option (Right to	\$3.07 ⁽¹⁾	06/21/2018			М			5,144	(4)		12/31/2018		imon ares	5,144	\$0.00	0		D		

Explanation of Responses:

- 1. The exercise price was converted to U.S. dollars from \$3.74 CAD using the closing rate of exchange of the Bank of Canada on the date of grant. The actual exercise price is the Canadian dollar amount regardless of the exchange rate on the date of exercise.
- 2. The shares subject to the option fully vested on May 31, 2011.
- 3. The shares subject to the option fully vested on June 30, 2011.
- 4. The shares subject to the option fully vested on December 31, 2011.

/s/ Joanne Smartt, Attorney-in**fact**

06/22/2018

** 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.