FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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| OMB APPROVAL | | | | | | | |
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| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | | | | | | | |

| Check to Sect obligat Instruc | l pursua | TOF CHANGES IN BENEFICIAL OWNERSHIP | | | | | | | | | | | er: 3 verage burde sponse: | 3235-0287 en 0.5 | | | | |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------|------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------|---------------------------------------|----------|
| 1. Name and Address of Reporting Person* KENNEY CHRISTOPHER JOHN | | | | 2. Issuer Name and Ticker or Trading Symbol Xenon Pharmaceuticals Inc. [XENE] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| (Last) (First) (Middle) 200 - 3650 GILMORE WAY | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/21/2022 | | | | | | | | X Officer (give title Other (specify below) below) Chief Medical Officer | | | | | | |
| (Street) BURNA | BY A1 | . V | 75G 4W | V8 | 4. If A | If Amendment, Date of Original Filed (Month/Day/Year) C. Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | on | | | | |
| (City) | (Sta | ate) (2 | Zip) | | | | | | | | | | | F 613 | JII | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or B | enefic | ially Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | Execution Date, | | 3. 4. Securities Acquir Transaction Disposed Of (D) (Ins Code (Instr. 8) 5) | | | nd Securi Benefi Owned | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Pri | | Transa | Transaction(s) (Instr. 3 and 4) | | | (1130.4) |
| Common | Shares | | | 01/21/2 | 2022 | | P 700 A S | | \$28 | .81 | 1 700 | | D | | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | 4. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

Remarks:

/s/ Cassandra Robinson, Attorney-in-fact

01/21/2022

** 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.