FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
Estimated average h	nurden								

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

37 hours per response: 0.5

					or S	Section	n 30(h)	of the i	nvestme	nt Co	mpany Act	of 1940	0							
Name and Address of Reporting Person*     WINQUIST RAYMOND					2. Issuer Name <b>and</b> Ticker or Trading Symbol  Xenon Pharmaceuticals Inc. [ XENE ]									Check a	all app	licable)	1	Person(s) to Issuer 10% Owner Other (specify		
(Last) (First) (Middle) C/O XENON PHARMACEUTICALS INC. 200 - 3650 GILMORE WAY					3. Date of Earliest Transaction (Month/Day/Year) 08/18/2017										belov				, , ,	
(Street) BURNAI (City)			V5G 4W8 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ine)	•				
		Tabl	e I - Non	-Deriv	ative	Sec	uritie	s Ac	quired	, Dis	posed o	f, or	Ben	eficia	ally O	wne	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D.				Ex Day/Year) if a		A. Deemed xecution Date, any Month/Day/Year)		Transaction Dis		Disposed	,			4 and Se Be Ov Re		ount of ties cially d Following ted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A (E	A) or D)	Price		Transaction(s) (Instr. 3 and 4)				
Common Shares 08/18					3/2017	,			P		1,000		A \$2.		995 1,000		1,000	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)	Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Pric Deriva Securi (Instr.	vative urity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or	nber						

**Explanation of Responses:** 

/s/ Joanne Smartt, Attorney-in-

\*\* Signature of Reporting Person

08/21/2017

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.