FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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Estimated average burden								
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).

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

1. Name and Address of Reporting Person*  ROBIN SHERRINGTON  (Last) (First) (Middle)  200 - 3650 GILMORE WAY							2. Issuer Name and Ticker or Trading Symbol Xenon Pharmaceuticals Inc. [XENE]  3. Date of Earliest Transaction (Month/Day/Year) 06/01/2020										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) EVP, Strategy & Innovation				
(Street) BURNA			V5G 4M1 (Zip)		- 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)  Cline)  X Form filed by One Reporting Form filed by More than O Person											orting Person	ı			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						Execution Date,				3. Transaction Code (Instr. 8)  4. Securities Ad Disposed Of (D						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) o (D)	Pı	rice	Transact (Instr. 3 a	ion(s)			(IIISU: 4)		
Common	06/0	1/202	2020			M		8,230	8,230 A \$		3.56(1)	18,426			D						
Common Shares 06/0					1/202	/2020				F		1,630 D \$		13.7(2)	16,796			D			
			Table II -						•	,		osed of, onvertib			•	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/\	Date,		ansaction ode (Instr.		of		Date Exer Diration D Onth/Day/	ate	le and 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			B. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Dat Exe	e ercisable		piration te	Title	or Nu of	mber ares						
Stock Option (Right to Buy)	\$3.56 <sup>(1)</sup>	06/01/2020			М			8,230		(3)	06	/02/2020 <sup>(4)</sup>	Common Shares	8,	230	\$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 on 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 day of exercise.
- 2. Represents the closing price of the Company's common shares on May 29, 2020, which was converted to a Canadian dollar amount for purposes of net settlement calculations
- 3. The shares subject to the option fully vested on December 31, 2013. The date the options became fully vested was incorrectly reflected on the Reporting Person's Form 3.
- 4. Expiration date differs from originally reported date due to an automatic extension provided by the option plan as a result of the original expiration date falling during a Company blackout period.

## Remarks:

/s/ Cassandra Robinson, Attorney-in-fact 06/02/2020

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.