FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL |
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| OMP Number: | 2225 026 |

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

| Instruc | tion 1(b). | | | File | | | | | a) of the So Investmen | | | | | 4 | | <u> </u> | | | | |
|---|------------------------------------|-------------|------------|--|---|---|---|--|--|-----------------|------------------|--|---|--|---|---|---|---|---|--|
| 1. Name and Address of Reporting Person* SCHELLER RICHARD H | | | | | | 2. Issuer Name and Ticker or Trading Symbol Xenon Pharmaceuticals Inc. [XENE] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| SCHELLER MCHARD II | | | | | | | | | | | | | | X Directo | or | | 10% Ow | ner | | |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/04/2015 | | | | | | | | | Officer below) | (give title | | Other (s below) | pecify | | |
| | - | RMACEUTICAI | LS INC. | | | | | | | | | | | | | | | | | |
| 200 - 3650 GILMORE WAY | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| (Street) | | | | | | | | | | | | | | Line | , | filed by On | n Bono | orting Porco | , | |
| BURNA | BY A | 1 | V5G 4W8 | 3 | | | | | | | | | | | Form | Form filed by One Reporting Person Form filed by More than One Report Person | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | า-Deriv | ative | Sec | curitie | s Ac | quired, | Dis | posed o | of, or | Bene | eficial | ly Owned | k | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | ar) E | execution any | a. Deemed ecution Date, any onth/Day/Year | | Transaction Dis | | | Securities Acquired (A) sposed Of (D) (Instr. 3, | | | 5. Amount of Securities Beneficially Owned Following | | : Direct C Indirect E str. 4) C | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | nount (A) or (D) | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | instr. 4) | | |
| | | 7 | able II - | | | | | | uired, E s, optio | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | ve Conversion Date Execution Date, | | | Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Owners Form: ly Direct (or Indir (I) (Inst | Ownership | Beneficial Ownership ct (Instr. 4) | |
| | | | | | Code | V | (A) | (D) | Date Exercisab | | xpiration | Title | O N O | umber | | | | | | |

Explanation of Responses:

\$13.48⁽¹⁾

Stock Option (Right to Buy)

1. One-third of the total shares subject to the Option shall vest on the one year anniversary of the grant date, one-third of the total shares subject to the Option shall vest on the two year anniversary of the grant date, and the balance of the total shares subject to the Option shall vest on the three year anniversary of the grant date.

(1)

/s/ Sonia Graham, Attorney-in-05/06/2015

3,086

\$0.00

3,086

D

fact

05/03/2025

Common

Shares

** 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).

05/04/2015

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.