FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours nor resnance.	0.5									

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*					2. Issuer Name and Ticker or Trading Symbol Xenon Pharmaceuticals Inc. [XENE]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
PIMSTONE SIMON N.			ACTION PHARMACEUUCAIS INC. [XENE]							Ι,	X Directo	,	10% Owner					
(Last) (First) (Middle) C/O XENON PHARMACEUTICALS INC 200 - 3650 GILMORE WAY					3. Date of Earliest Transaction (Month/Day/Year) 08/18/2015									X Officer (give title Other (specify below) President & CEO				
(Street) BURNABY A1 V5G 4W8				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)											Persor				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Di		n Disposed	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at 5)			es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect ct Beneficial Ownership		
									Code	v	Amount	(A) oi (D)	Price	Reporte Transac (Instr. 3	tion(s)		(Instr. 4)	
Common Shares			08/18/2015		5			M		5,144	4 A	\$4.81	(1) 197	197,451				
Common Shares			08/18/2015		5			F		2,170) D	D \$11 ⁽²⁾		195,281				
Common Shares			08/18/2015		5			М		15,43	2 A	\$4.98	(1) 210	210,713				
Common Shares			08/1	08/18/2015				F		6,508	3 D	\$11(2) 204	1,205	D			
Common Shares													16	,460	I	By spouse		
		٦	Гable II -								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. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr 8)				6. Date Exercis. Expiration Date (Month/Day/Yea		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	(D) Beneficial Ownership rect (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$4.81 ⁽¹⁾	08/18/2015			M			5,144	(3)		08/24/2015	Common Shares	5,144	\$0.00	0	D		
Stock Option (Right to Buy)	\$4.98 ⁽¹⁾	08/18/2015			М			15,432	(4)		08/24/2015	Common Shares	15,432	\$0.00	0	D		

Explanation of Responses:

- 1. The exercise price was converted from \$6.07 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 August 17, 2015, converted to a Canadian dollar amount for purposes of net settlement calculations.
- 3. The shares subject to the option fully vested on October 1, 2008.
- 4. The shares subject to the option fully vested on January 11, 2009.

/s/ Sonia Graham, Attorney-in-08/20/2015 <u>fact</u>

** 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.