FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL
OMB Number:	3235-0287
Estimated average burd	en
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* HOLLER FRANK A					2. Issuer Name and Ticker or Trading Symbol Xenon Pharmaceuticals Inc. [XENE]									Check all	tionship of Reporting F all applicable) Director		g Per	10% Ov	vner
(Last) (First) (Middle) C/O XENON PHARMACEUTICALS INC					3. Date of Earliest Transaction (Month/Day/Year) 05/04/2015										fficer elow)	(give title		Other (s below)	specify
200 - 3650 GILMORE WAY (Street) BURNABY A1 V5G 4W8				4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Si		(Zip)	Davissa	4:		i4i	- ^-				-f D-		-11 0		•			
1. Title of Security (Instr. 3) 2. Trans Date (Month) Table II - Deriva				2. Transa Date (Month/D	Execution Date,			3. Transac Code (II 8) Code	v	4. Securi Dispose 5) Amount	ities Acquird of (D) (Ins	ed (A) or str. 3, 4 a	5. A See Be Own Re Tra (In:	5. Amount Securities Beneficially Owned Fol Reported Transaction (Instr. 3 and		nt of 6. Over the second of th		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date, T	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Year		e Amount of		f g Security	8. Prio Deriva Secur (Instr.	tive ity	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amoun or Number of Shares	r					
Stock Option (Right to Buy)	\$13.48 ⁽¹⁾	05/04/2015			A		3,086		(1)	0	5/03/2025	Common Shares	3,086	\$0.0	00	3,086		D	

Explanation of Responses:

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.

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

** 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.