FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-028										

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37 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

					- ·		311 00(11) 0	<i>,</i>	investment C	ompany 7 to								
Name and Address of Reporting Person* SIMPSON TODD E					2. Issuer Name and Ticker or Trading Symbol AQUINOX PHARMACEUTICALS, INC						[Ct	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				AC	AQXP]							X Directo			10% Ow			
(Last) (First) (Middle)												Officer below)	(give title		Other (spector)	pecify		
(Last) (First) (Middle) C/O AOUINOX PHARMACEUTICALS, INC.					3. Date of Earliest Transaction (Month/Day/Year)							•			,			
					05/	05/07/2018												
450 - 887 GREAT NORTHERN WAY					4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)						6.1	6. Individual or Joint/Group Filing (Check Applicable					
				4. "	4. II Amendinent, Date of Original Filed (Month/Day/Year)							Line)						
(Street)	IIVED A	1	TIET ATE										X Form f	iled by One	Repor	ting Person	.	
VANCO	UVER A	.1	V5T 4T5											iled by More	e than (One Report	ting	
					1								Persor	1				
(City)	(5	State)	(Zip)															
		Tab	le I - Non	-Deriv	ative	Sec	curities	s Ac	quired, Di	sposed (of, or Be	neficial	ly Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)					Execution Date,			Code (Instr. 5)			ed (A) or etr. 3, 4 and	Beneficia Owned F	es For ally (D) Following (I)	Form:	Direct Condinect Endirect Condinect	7. Nature of Indirect Beneficial Ownership		
							Code V	Amount	(A) or	Price	Reported Transact	tion(s)		['	(Instr. 4)			
								J Gode V	Amount		1 1100	(Instr. 3	and 4)					
		-							uired, Dis				Owned					
			(e.g., p	uts,	calls	s, warra	ants	, options,	converti	ble secu	ırities)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	ate, T	4. Transactio Code (Inst 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		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)	ly i	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$13.1	05/07/2018			A		15,000		(1)	05/06/2028	Common Stock	15,000	\$0.00	15,000)	D		

Explanation of Responses:

1. The shares subject to this option shall vest and become exercisable at a rate of 1/12th of the total number of shares underlying the options on the one-month anniversary of May 7, 2018 (the "Vesting Commencement Date") and 1/12th of the total number of shares underlying the options each monthly anniversary of the Vesting Commencement Date thereafter for so long as the recipient of the option provides continuous service to the issuer, such that the total number of shares underlying the options shall be fully vested on the one-year anniversary of the Vesting Commencement Date.

Remarks:

/s/ Todd E. Simpson

05/09/2018

** 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.