FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| Section obligate | n 16. Form 4 or tions may contil ction 1(b). | | OIAIL | | | t to Section | | | | | | f 1934 | 1 | | l II | | rerage burder sponse: | n 0.5 |
|--|--|-----|----------------------|-----------------------------------|--|--------------|--|----------|--------------|---|----------------------------------|-----------------------|---|--|---|--|--|---|
| 1. Name and Address of Reporting Person* Alam Kamran | | | | | 2. Issuer Name and Ticker or Trading Symbol AQUINOX PHARMACEUTICALS, INC [AQXP] | | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (speci | | | | vner |
| (Last) (First) (Middle) C/O AQUINOX PHARMACEUTICALS, INC. 450 - 887 GREAT NORTHERN WAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/10/2016 | | | | | | | | below) below) CFO, Vice President Finance | | | | 2 | |
| (Street) VANCOUVER A1 V5T 4T5 (City) (State) (Zip) | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | ` | Tak | ole I - Non-D | | _ | | | | Disp | | | | | | | | | |
| Date | | | | Transaction ate Ionth/Day/Y | Day/Year) Exe | | 2A. Deemed Execution Date, f any Month/Day/Year | | Code (Instr. | | (A) or | | | Reported Transact | urities eficially led Following orted esaction(s) | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | - | Table II - De (e. | rivative g., puts | | | | uired, D | ispo | sed of, | or Be | nefi | cially | (Instr. 3 a | and 4) | | | |
| 1. Title of Derivative Security (Instr. 3) | | | Code | action (Instr. | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title of Secu Underl Derivat (Instr. 3 | irities ying ive Se and | curity 1) mount | 8. Price of Derivative Security (Instr. 5) | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

\$8.08

1. The shares subject to this option shall vest and become exercisable at a rate of twenty-five percent of the total number of shares underlying the options on the one-year anniversary of the vesting commencement date and 1/48th 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 four-year anniversary of the vesting commencement date.

Date

Exercisable

(1)

(D)

Expiration

03/09/2026

Title

Common

Stock

Remarks:

Stock Option

Buy)

(Right to

/s/ Kamran Alam

03/14/2016

40,000

D

** Signature of Reporting Person

Shares

40,000

\$0.00

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).

03/10/2016

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

Code

Α

(A)

40,000

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.