SEC F	Form 4
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# FORM 4

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

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL

OMB Number:	3235-0287						
Estimated average burden							
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			or Section 30(h) of the Investment Company Act of 1940				
1. Name and Address of Reporting Person <sup>*</sup> <u>Main David</u>			2. Issuer Name and Ticker or Trading Symbol <u>AQUINOX PHARMACEUTICALS, INC</u> [ AQXP]		tionship of Reporting Pe all applicable) Director	g Person(s) to Issuer 10% Owner	
	(First) (Middle) AQUINOX PHARMACEUTICALS INC. 87 GREAT NORTHERN WAY		3. Date of Earliest Transaction (Month/Day/Year) 03/12/2014	X	Officer (give title below) President an	Other (specify below) d CEO	
(Street) VANCOUVER (City)	A1 (State)	V5T 4T5 (Zip)	<ul> <li>4. If Amendment, Date of Original Filed (Month/Day/Year)</li> </ul>	6. Indiv Line) X	ridual or Joint/Group Filir Form filed by One Rej Form filed by More the Person	porting Person	
		Table I - Non-De	rivative Securities Acquired. Disposed of. or Benefi	cially (	Owned		

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)
Common Special Voting Stock	03/12/2014		D		9,459	D	\$ <mark>11</mark>	71,530	D	
Common Special Voting Stock	03/12/2014		С		71,530	D	(1)	0	D	
Common Stock	03/12/2014		С		71,530	Α	(2)	71,530	D	

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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)		saction e (Instr. 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 Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Common Exchangeable Shares	(2)	03/12/2014		D			9,459	(2)	(2)	Common Stock	9,459	\$11 <sup>(2)</sup>	0	D	
Common Exchangeable Shares	(2)	03/12/2014		С			71,530	(2)	(2)	Common Stock	71,530	(2)	0	D	

Explanation of Responses:

1. Each share of the issuer's Common, Series A-1, Series A-2, Series B-1, Series B-2 and Series C Special Voting Stock was redeemed upon the closing of the issuer's initial public offering for \$0.0000192 per share. 2. The Common Exchangeable Shares of Aquinox Pharmaceuticals Inc., a corporation under the Canadian Business Corporations Act ("AQXP Canada"), were exchanged for Common Stock of the issuer on a 1-to-1 basis upon the closing of the issuer's initial public offering, and have no expiration date.

**Remarks:** 

# /s/ David J. Main

\*\* Signature of Reporting Person

03/14/2014 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.