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(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Johnson & Johnson Development Corporation⁽¹⁾

11. Nature of Indirect

Beneficial Ownership

Filed pursuant to Section 16(a) of the Securities Evolution Act of 1024

msuuc	uon 1(b).			FII							Company Act		JI 1934							
Name and Address of Reporting Person* 2. Issu							Issuer Name and Ticker or Trading Symbol QUINOX PHARMACEUTICALS, INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
						AQXP]								Director X 10% Owner Officer (give title Other (spec						
(Last) (First) (Middle) ONE JOHNSON & JOHNSON PLAZA						3. Date of Earliest Transaction (Month/Day/Year) 12/01/2014								belo				pelow)		
(Street) NEW BRUNSWICK NJ 08933				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting							
(City) (State) (Zip)													X Person Person							
		Tab	le I -	Non-Deri	vativ	e Sec	uritie	s A	cquir	ed, I	Disposed o	of, or I	Benefic	ially Own	ed					
Da			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 an				(Instr. 4)		
Common Stock 12/01/20				014	4			S		1,200	D	\$7.54 ⁽²	1,379,	1,379,394			Johnson & Johnson Developme Corporation			
		Ta	able I								sposed of, , convertil									
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Exec if any	Deemed ution Date, / th/Day/Year)		action (Instr.			Expiration (Month/Da			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Num derivat Securi Benefi Owned Follow Report Transa (Instr.	tive ties cially d ing ted action(s)	10. Owne Form: Direct or Ind (I) (Ins	(D) Benefic Owners irect (Instr. 4)		
					Code	v	(A)	(D)	Date Exer	e rcisabl	Expiration e Date	Title	Amount or Number of Shares	1						
1		f Reporting Person*					,		·				,		,					
(Last) ONE JOI	HNSON &	(First)		(Middle)		_														
(Street) NEW BRUNSV	WICK	NJ	(08933																
(City)		(State)	((Zip)		-														
	SON & J	f Reporting Person* OHNSON DE		LOPMEN	<u>NT</u>															
(Last) ONE JOI	HNSON &	(First)		(Middle)																
(Street)						-														

Explanation of Responses:

BRUNSWICK

(City)

NJ

(State)

08933

(Zip)

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$7.49 to \$7.65. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.

Remarks:

Douglas Chia, Secretary of
Johnson & Johnson
Steven M. Rosenberg,
Secretary of Johnson &
Johnson Development
Corporation

12/03/2014

12/03/2014

Date

** Signature of Reporting Person

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.