## Edgar Filing: Xenon Pharmaceuticals Inc. - Form 4

	maceuticals Inc.										
Form 4	1.5										
May 06, 201									APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								N OMB	3235-0287		
Check th	nis box		Wa	ashington	, D.C. 20	1549		Number: Expires:	January 31,		
if no longer subject to Section 16. STATEMENT OF (				CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					2005 average urs per		
Form 4 of Form 5 obligatio may con <i>See</i> Instr 1(b).	Filed pur ons Section 17(	(a) of the	Public U	Jtility Hol	ding Cor		nge Act of 1934, of 1935 or Sectio 940	response.	0.5		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> SCHELLER RICHARD H			2. Issuer Name <b>and</b> Ticker or Trading Symbol Xenon Pharmaceuticals Inc. [XENE				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (	Middle)	3. Date	of Earliest T	ransaction	-	- (Che	ck all applicab	le)		
C/O XENC PHARMAO	· · · · ·	,		Day/Year)	landaetion		X Director Officer (giv below)		% Owner her (specify		
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
BURNABY	7, A1 V5G 4W8		Filed(Mo	onth/Day/Yea	r)		Applicable Line) _X_ Form filed by		Person		
(City)	(State)	(Zip)	Tal	ole I - Non-l	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4	(A) or of (D) 4 and 5)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	<ul><li>(A)</li><li>or</li><li>(D) Price</li></ul>	Transaction(s) (Instr. 3 and 4)				
Reminder: Re	port on a separate line	e for each cl	lass of sec	urities bene	ficially ow	ned directly	or indirectly.				
					inforn requii	nation cont red to responses ays a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	i are not rm	SEC 1474 (9-02)		
	Tab					posed of, or convertible	Beneficially Owned securities)	l			
1 Title of 2	2 3 Trans	saction Date	3A De	emed	4	5 Number	6 Date Exercisa	ble and 7	Title and Amount		

Derivative Conversion (Month/Day/Year) Execution Date, if Transaction Derivative Expiration Date

Underlying Securities De

of 8.1

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	<ul> <li>A</li> <li>(A</li> <li>Di</li> <li>(E</li> <li>(I)</li> </ul>	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		Sec (In:
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 13.48 (1)	05/04/2015		А	3	3,086		(1)	05/03/2025	Common Shares	3,086	

## **Reporting Owners**

Reporting Owner Name / Address		Relationships							
	Direc	ctor	10% Owner	Officer	Other				
SCHELLER RICHARD H C/O XENON PHARMACEUTICALS I 200 - 3650 GILMORE WAY BURNABY, A1 V5G 4W8	NC. X	ζ							
Signatures									
/s/ Sonia Graham, Attorney-in-fact	05/06/201	5							
<u>**</u> Signature of Reporting Person	Date								

## **Explanation of Responses:**

- \* 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).

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

(1) 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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.