Edgar Filing: VOLITIONRX LTD - Form 4

VOLITIONE	RX LTD											
Form 4												
March 24, 20)16											
FORM	1 4									OMB AF	PROVAL	
	UNITE	ED STATE				ND EXC D.C. 2054		GE C	OMMISSION	OMB Number:	3235-0287	
Check thi										Expires:	January 31,	
subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSHIP OF					•	2005		
Section 1	5				SECURITIES					Estimated average burden hours per		
Form 4 or	r								response	0.5		
Form 5 obligation	'	.						•	e Act of 1934,			
may cont	Section			•		•	•		1935 or Section	1		
See Instru		30(h)) of the In	vestme	nt C	Company	Act of	of 194	0			
1(b).												
(Print or Type F	Pasmansas)											
(I fint of Type F	(esponses)											
1. Name and A	ddress of Report	ing Person *	2 Issue	r Name a	nd T	ficker or T	radina		5. Relationship of	Reporting Pers	son(s) to	
1. Name and Address of Reporting Person *2. IssuerInnes Guy ArchibaldSymbol			Issuer					-		(-)		
2			•	IONRX	ТТ	'D IVNR	XI					
				OLITIONRX LTD [VNRX] (Check all applicable) Date of Earliest Transaction								
(Last)	(First)	(Middle)				isaction			X Director	100/	Overnor	
1 SCOTTS I	ROAD, #24-0	5 SHAW	(Month/E 03/22/2	-					Officer (give		Owner er (specify	
CENTRE	(O/ID, #2+0	5 511110	0312212	010					below)	below)		
CLITTL	(Sture et)		4 TC A	1 ()		0 1				·	(61 1	
	(Street)		4. If Ame			Original			6. Individual or Jo	int/Group Filin	g(Check	
			Filed(Mor	ith/Day/Y	ear)				Applicable Line) _X_ Form filed by C	One Reporting Pe	rson	
SINGAPOR	E, U0 228208	3							Form filed by M			
		•							Person			
(City)	(State)	(Zip)	Tabl	e I - Non	-De	rivative Se	curiti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction I	Date 2A. Dee	emed	3.	2	4. Securitie	es Acqu	uired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye	ear) Execution	on Date, if			(A) or Disp			Securities	Form: Direct		
(Instr. 3)		Code (Instr. 3, 4 and 5)					Beneficially Owned		Beneficial			
		(Ivioiiui/	/Day/Year)	(Instr. 8)				Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
							(1)		Reported	((
							(A) or		Transaction(s)			
				Code	v	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	03/22/2016			М		100,000	А	\$ 0.5	1,270,197	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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)	4. Transactio Code (Instr. 8)	5. Number of orDerivative 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 Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount o Number o Shares
Warrant (Right to Buy)	\$ 0.5	03/22/2016		М		100,000	03/24/2011	03/24/2016	Common Stock	100,000

Reporting Owners

**Signature of Reporting

Person

Reporting Owner N	Reporting Owner Name / Address		Relationships					
r o o			10% Owner	Officer	Other			
Innes Guy Archibald 1 SCOTTS ROAD, #24-0 SINGAPORE, U0 228208		Х						
Signatures								
/s/ Guy Archibald								
Innes	03/24/2016							

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

** 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. 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.