### Edgar Filing: AQUINOX PHARMACEUTICALS, INC - Form 5

## AQUINOX PHARMACEUTICALS, INC

Form 5

February 09, 2015 **FORM 5** 

Check this	UNITED S	NITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549  ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						OMB Number:	3235-0362 January 31,			
no longer : to Section Form 4 or 5 obligation may contin	16. Form ANNU							Expires: Estimated a burden hour response	2005 verage			
See Instruction 1(b). Form 3 Horal Reported Form 4 Transactio Reported	Filed purs  Poldings Section 17(a	) of the Pu	blic Ut		g Compa	ny A	ct of 1		n			
SHREWSBURY STEPHEN B Symbol AQUII			ymbol QUIN					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last)				buji reur)				Director 10% Owner Officer (give title below) Other (specify below)				
	NOX EUTICALS, INC AT NORTHERN V	., 450	2/31/20	,1-1				CMO; Sen	ior VP Clinical	Dev.		
	(Street)			ndment, Date ( th/Day/Year)	Original		6	. Individual or Jo	oint/Group Repo	_		
VANCOUV	/ER, A1 V5T 4	<b>1</b> T5					_	X_ Form Filed by Form Filed by ! Person	One Reporting Pe More than One Re			
(City)	(State)	Zip)	Table	e I - Non-Deri	vative Sec	uritie	s Acqui	red, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transaction Code (Instr. 8)	4. Securit (A) or Di (D) (Instr. 3,	spose	d of	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	09/02/2014	Â		P	400	A	\$ 8.22	400	D	Â		
	ort on a separate line ficially owned directly			contained in	n this for	m are	not re	lection of infor quired to resp id OMB contro	ond unless	SEC 2270 (9-02)		

OMB APPROVAL

#### Edgar Filing: AQUINOX PHARMACEUTICALS, INC - Form 5

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

of D

> Is Fi

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired	Expiration D (Month/Day/		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)
				(A) or Disposed of (D) (Instr. 3, 4, and 5)					
				(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
SHREWSBURY STEPHEN B C/O AQUINOX PHARMACEUTICALS, INC. 450 - 887 GREAT NORTHERN WAY VANCOUVER, A1 V5T 4T5	Â	Â	CMO; Senior VP Clinical Dev.	Â		

## **Signatures**

/s/ Stephen
Shrewsbury

\*\*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).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

Reporting Owners 2