### Edgar Filing: HOLLER FRANK A - Form 4

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HOLLER FF	RANK A										
Form 4											
March 16, 20	)18										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
<b>CUNIVE 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box								Expires:	January 31,		
if no longer subject to Section 16. Form 4 or				RITIES				Estimated a burden hou response	urs per		
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
(Print or Type F	Responses)										
1. Name and A HOLLER F	suer Name <b>and</b> ol on Pharmace				5. Relationship of Reporting Person(s) to Issuer						
(Lost)	(First) (M				L	<b>-</b> -	(Check all applicable)				
(Last)	(First) (M		e of Earliest Ti h/Day/Year)	ransaction			_X_ Director10% Owner				
C/O XENON PHARMACEUTICALS INC, 200 - 3650 GILMORE WAY			-				Officer (give titleOther (specify below) below)				
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)					<ol> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ol>						
BURNABY, A1 V5G 4W8 — Form filed by More than One Reporting Person Person											
(City)							quired, Disposed o		-		
1. Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, if Transaction(A) or D		ispose	ed of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Common			Code V	Amount	(D)	Price \$	(Instr. 3 and 4)				
Shares	03/14/2018		М	3,086	А	3.77 (1)	118,955	D			
Common Shares							1,184	Ι	By Spouse		
		c 1 1 C		c		d	. 1. 41				

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.

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# 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)	4. Transactic Code (Instr. 8)	5. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exer Expiration D (Month/Day/	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. H Der Sec (In:
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 3.77 <u>(1)</u>	03/14/2018		М		3,086	<u>(2)</u>	03/16/2018	Common Shares	3,086	

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
r g the second	Direc	tor	10% Owner	Officer	Other			
HOLLER FRANK A C/O XENON PHARMACEUTICALS I 200 - 3650 GILMORE WAY BURNABY, A1 V5G 4W8	NC X							
Signatures								
/s/ Joanne Smartt, Attorney-in-fact	03/16/201	8						
<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).
- (1) The exercise price was converted to U.S. dollars from \$3.74 CAD using the closing rate of exchange on the Bank of Canada on the date of grant. The actual exercise price is the Canadian dollar amount regardless of the exchange rate on the day of exercise.
- (2) The shares subject to the option fully vested on December 31, 2011. The date the options became fully vested was incorrectly reflected on the Reporting Person's Form 3.

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.