

AYCARDI-FONSECA ERNESTO
Form 3
March 20, 2018

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 Responses)

1. Name and Address of Reporting Person *
AYCARDI-FONSECA
ERNESTO

(Last) (First) (Middle)

C/O XENON
PHARMACEUTICALS
INC., 200 - 3650 GILMORE
WAY

(Street)

BURNABY, WA 98008

(City) (State) (Zip)

2. Date of Event Requiring Statement
(Month/Day/Year)
03/19/2018

3. Issuer Name and Ticker or Trading Symbol
Xenon Pharmaceuticals Inc. [XENE]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer Other
(give title below) (specify below)
Chief Medical Officer

5. If Amendment, Date 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 Person

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--------------------------------------|--|---|--|
| No securities are beneficially owned | 0 | D (1) | |

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

SEC 1473 (7-02)

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

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date | 3. Title and Amount of Securities Underlying | 4. Conversion | 5. Ownership | 6. Nature of Indirect Beneficial Ownership |
|---|---|--|---------------|--------------|--|
|---|---|--|---------------|--------------|--|

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| (Month/Day/Year) | Derivative Security (Instr. 4) | or Exercise Price of Derivative Security | Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5) | (Instr. 5) | | | |
|---|-----------------------------------|---|--|------------|------|---|---|
| Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| No securities are beneficially owned | ∅ (1) | ∅ (1) | N/A (1) | ∅ | \$ 0 | D | ∅ |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|---|---------------|-----------|-------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| AYCARDI-FONSECA ERNESTO C/O XENON PHARMACEUTICALS INC. 200 - 3650 GILMORE WAY BURNABY, ∅ A1 ∅ V5G4W8 | ∅ | ∅ | ∅ Chief Medical Officer | ∅ |

Signatures

/s/ Joanne Smartt, 03/20/2018
Attorney-in-fact

∅Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) Not applicable

∅

Remarks:

Exhibit ∅ Index: ∅ 24.1 ∅ Power ∅ of ∅ Attorney

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.