## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)  1. Name and Address of Reporting Person - Skaff Habib				2. Issuer Name and Ticker or Trading Symbol VOLITIONRX LTD [VNRX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
4006 W. S		(First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 07/23/2015							Officer (give	title below)		(specify below)					
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)								_X_ For	6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
TAMPA, FL 33609 (City) (State) (Zip)				Table I. Non Designative Securities Associ							itios A		ired, Disposed of, or Beneficially Owned				
1.Title of So (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year	) any	tion D	d Date, if	3. Tr	ansacti	on 4. S	ecurities A or Dispos tr. 3, 4 and	Acquire ed of (	ed 5. Ame (D) Owned Transa	ount of S	ecurities Be	neficially 6.	wnership of Be	eneficial wnership
							Co	ode	V Am	ount (A)		rice			(I)	nstr. 4)	
				(e.g., pu	ts, ca	lls, war	rant	quired,	, Dispose	d of, or B ertible se	enefici curitie		ed				
Security (Instr. 3)	Conversion	3. Transaction n Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code Derivativ		Expiration Da (Month/Day/ d of			rate A Year) U		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Derivative Security: Direct (D) or Indirect	Beneficial	
				Code	v	(A)	(D)	Date Exerci	isable	Expirati Date	on ,	Title	Amount or Number of Shares				
l .					_		1										

### **Reporting Owners**

D (1 0 N /41)	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Skaff Habib 4006 W. SWANN AVENUE TAMPA, FL 33609	X					

#### **Signatures**

/s/ Habib Skaff	07/27/2015
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) A total of 10,000 Options were granted on July 23, 2015 under the Company's 2011 Equity Incentive Plan. The Options vest in full six months from the date of grant.

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.