FORM	4
------	---

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

(rint of Type Responses)												
1. Name and Address of Innes Guy Archibald	2. Issuer Name and VOLITIONRX L			ng Symbo	ol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
1 SCOTTS ROAD, #	(First) #24-05 SHAW (3. Date of Earliest Tr 11/18/2016	ransaction (Mont	h/Day/Ye	ar)		ther (specify bel	ow)		
SINGAPORE, U0 22		4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu						uired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	tr. 3) Date Execution Date, if Code (A) or Disposed of (Month/Day/Year) any (Instr. 8) (Instr. 3, 4 and 5)				of (D)	Transaction(s)	7. Nature of Indirect Beneficial					
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock		11/18/2016		М		5,000	А	\$3	1,233,503	D		
Common Stock		11/18/2016		F		3,349 (<u>1)</u>	D	\$ 4.48	1,230,154	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 solution contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

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)

	(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5. Number		6. Date Exercisable and		7. Title and		8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transact	ion	n of		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Der			Underlying		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Seci	urities S		Securities		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Acq	uired	ed		(Instr. 3 and 4)			Owned	Security:	(Instr. 4)
	Security					(A)	or						Following	Direct (D)	
							posed						Reported	or Indirect	
						of (· ·						Transaction(s)		
							tr. 3, 4,				(Instr. 4)	(Instr. 4)			
						and	5)								
											Amount				
								Date	Expiration		or				
									Date	Title	Number				
				C 1	* 7	<i>(</i>)					of				
				Code	V	(A)	(D)				Shares				
Stock															
Option	¢ 2	11/10/2016		N			- 000	11/25/2012	11/05/0016	Common	5 000	^	0	D	
(Right to	\$ 3	11/18/2016		М			5,000	11/25/2012	11/25/2016	Stock	5,000	\$ 0	0	D	
Buy)										21001					
Duy)															

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Innes Guy Archibald 1 SCOTTS ROAD, #24-05 SHAW CENTRE SINGAPORE, U0 228208	Х							

Signatures

/s/ Guy Innes	11/21/2016
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) Represents the aggregate number of shares of common stock retained by VolitionRx for cancellation as payment of the exercise price in a cashless exercise. No shares were sold by the Reporting Person or VolitionRx in such cashless exercise transaction.

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.