FORM 4

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

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

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 Ty	pe Response	s)		•													
1. Name and Address of Reporting Person* TERRELL JASON BRADLEY MD				2. Issuer Name and Ticker or Trading Symbol VOLITIONRX LTD [VNRX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 13215 BEE CAVE PARKWAY, SUITE 125, GALLERIA OAKS B				3. Date of Earliest Transaction (Month/Day/Year) 11/17/2020						X Officer (give title below) Other (specify below) Chief Medical Officer							
(Street)				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							
AUSTIN, TX 78738 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqui						ired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year				(Instr. 8)		(A) or Disposed o		of (D)	D) Beneficially Owned For Reported Transaction(ollowing	6. Ownership Form:	of l Bei	Beneficial			
				(Month/Day/Year		Co	de	V	Amoun	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Indirect (Instr.	
Common	Stock		11/17/2020			S			1,571	D	\$ 3.40	58,378			D		
Common Stock 11/18/2020			11/18/2020			S			3,229	D	\$ 3.35	55,149			D		
Common Stock 1		11/18/2020			S			200	D	\$ 3.45	54,949			D			
Reminder:	Report on a s	separate line fo	r each class of secur Table II -	ities benefic				Pers cont the f	ons wh ained in	no respo n this fo splays a	rm are	not requesting ntly valid	OMB con	formation spond unle trol numbe	ss	C 147	4 (9-02)
	1	l		e.g., puts, c									1	1		1	
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/\(^\)	Execution Da	Code	action . 8)	5. Number of Deriva Securit Acquir (A) or Dispos of (D) (Instr. 4, and	er tive ties red sed	and Expiration Date (Month/Day/Year)		Am Und Sec	itle and ount of lerlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	of tive ty: (D) rect	11. Nature of Indirect Beneficial Ownershij (Instr. 4)	
				Code	e V	(A)		Date Exer		Expiration Date	On Title	Amount or Number of Shares					

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
TERRELL JASON BRADLEY MD 13215 BEE CAVE PARKWAY SUITE 125, GALLERIA OAKS B AUSTIN, TX 78738			Chief Medical Officer				

Signatures

/s/ Jason Terrell MD	11/19/2020			
**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 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.