# FORM 4

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

OMB APPI	ROVAL
OMB Number:	3235-0287
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houre per reenonee	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

	pe Response	- /													
1. Name and Address of Reporting Person *- Hughes Terig			2. Issuer Name and Ticker or Trading Symbol VOLITIONRX LTD [VNRX]					5. I	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) 02/01/2021						X Officer (give title below) Other (specify below)  Chief Financial Officer				)		
(Street) AUSTIN, TX 78738			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu					s Acquired	, Disposed o	f, or Benefi	cially Owned			
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Ye:	Exec ar) any		Date, if		(A) (A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	Securities Acqu A) or Disposed of onstr. 3, 4 and 5)  (A) or mount (D)	f (D) Ow Trai	amount of Sec ned Followin nsaction(s) tr. 3 and 4)		) F I c	Ownership orm:	Beneficial Ownership
Reminder:	Report on a s	separate line for each	class of securities b	enencia	Ily ow	ned direc	tly or	Persons	who respond						474 (9-02)
Reminder:	Report on a s	separate line for each		I - Deriv	vative	Securitie	s Acc	Persons in this f a currer	orm are not re ntly valid OMB sed of, or Benef	quired to control n	respond ur umber.				474 (9-02)
1. Title of		3. Transaction	Table I  3A. Deemed Execution Date, if	1 - Deriv (e.g., ) 4. Transac Code	vative puts, o	Securitie	s Accerants	Persons in this f a currer	orm are not re ntly valid OMB  sed of, or Benef evertible securit cisable and ate	quired to control n	respond ur umber. ned d Amount ying	8. Price of		10. Ownersh Form of Derivativ Security Direct (I or Indire	11. Naturip of Indired Beneficial Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table I  3A. Deemed Execution Date, if any	1 - Deriv (e.g., ) 4. Transac Code	vative puts, o	Securitie calls, war 5. Number Derivative Securities Acquired (or Dispose (D) (Instr. 3, 4	s Accerants	Persons in this f a currer quired, Dispos, options, colors, colors, colors Expiration D	orm are not re ntly valid OMB  sed of, or Benef evertible securit cisable and ate	quired to control n icially Ownies) 7. Title an of Underly Securities	respond ur umber. ned d Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownersh Form of Derivativ Security Direct (I or Indire	11. Natur of Indire- Beneficia Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Hughes Terig 13215 BEE CAVE PARKWAY SUITE 125, GALLERIA OAKS B AUSTIN, TX 78738			Chief Financial Officer			

### **Signatures**

/s/ Terig Hughes	02/02/2021
**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) On February 1, 2021, the Reporting Person was granted a warrant to purchase up to 185,000 shares of Common Stock of the issuer at an exercise price of \$4.90 per share. The warrant will vest in full twelve months from the date of grant (subject to continuous employment through such date).

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.