## FORM 4

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

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

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

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.	

1. Name and Address Forterre Gael	s of Reporting Person $^{\star}$		2. Issuer Name and Ticker or Trading Symbol <u>VOLITIONRX LTD</u> [ VNRX ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)			3. Date of Earliest Transaction (Month/Day/Year) 09/28/2024	x	Director Officer (give title below) Chief Commerci	10% Owner Other (specify below) al Officer			
SUITE 110			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	idual or Joint/Group Filing (	Check Applicable Line)			
(Street) HENDERSON	NV	89014		X	Form filed by One Report Form filed by More than	0			
(City)	(State)	(Zip) Table I - Non-Deri	vative Securities Acquired, Disposed of, or Beneficia		ned				

## 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 6. Ownership 7. Nature of 1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 5. Amount of 3 Securities Execution Date Transaction Form: Direct (D) Indirect (Month/Dav/Year) if anv Code (Instr. Beneficially Owned or Indirect (I) Beneficial Following Reported (Month/Day/Year) 8) (Instr. 4) Ownership Transaction(s) (Instr. 4) (A) or (D) (Instr. 3 and 4) Code v Amount Price Common Stock 09/28/2024 F 4,824(1) D \$0.578 157,786 D By 5,000 Т Common Stock Spouse By Armorica Common Stock 32,500 T Partners, LLC<sup>(2)</sup>

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		

Explanation of Responses:

1. Represents the aggregate number of shares of common stock retained by VolitionRx for cancellation to satisfy the tax withholding obligations of the reporting person upon settlement of 13,725 restricted stock units. No shares were sold by the reporting person or VolitionRx in such transaction.

2. These shares of common stock are managed by Armorica Partners, LLC (formerly Armori Capital Management, LLC) ("Armorica Partners"). Mr. Forterre is the managing director and sole shareholder of Armorica Partners and has voting and dispositive control over the shares held by Armorica Partners. Mr. Forterre disclaims beneficial ownership of these shares except to the extent of his pecuniary interest therein.

Remarks:

/s/ Gael Forterre	
** Signature of Reporting Person	n

10/01/2024

Date

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

\* 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.

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 Number.