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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).					

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

(Print or Type Responses)												
1. Name and Address of Reporting Person – Faulkes Martin Charles			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			
	(Last) (First) (Middle) SCOTTS ROAD, #24-05 SHAW CENTRE				3. Date of Earliest Transaction (Month/Day/Year) 03/30/2017					er (specify below	w)	
(Street)		4	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				
SINGAPORE, U0 228208												
(City)	State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Benefici						ired, Disposed of, or Beneficially Own	lly Owned		
1.Title of Security		2. Transaction	2A. Deemed	3. Transact	ion	4. Securi	ties Acqu	uired	5. Amount of Securities Beneficially	7. Nature		
(Instr. 3) Date		Date	Execution Date, if	Execution Date, if Code (A) or Disposed of (D)		Owned Following Reported	Ownership	of Indirect				
(Month/Day/Yea		(Month/Day/Year)	any	(Instr. 8)		(Instr. 3, 4 and 5)			Transaction(s)	Form:	Beneficial	
			(Month/Day/Year)						(Instr. 3 and 4)	Direct (D)	Ownership	
										or Indirect	(Instr. 4)	
							(A) or			(I)		
				Code	V	Amount	(D)	Price		(Instr. 4)		

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

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the 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)														
1. Title of	of 2.	3. Transaction	3A. Deemed	4.		5. Number	5. Number of 6. Date Exercisable and		ble and	7. Title and Amount		8. Price of	9. Number of	10.	11. Nature
Derivati	e Conversion	Date	Execution Date, if	Transact	ion	Derivative	•	Expiration Date		of Underlying Deri		Derivative	Derivative	Ownership	of Indirect
Security		(Month/Day/Year)		Code		Securities	Securities (Month/Day/Year) S				~			Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Acquired			(Instr. 3 and 4)		< /	-	Derivative	1	
	Derivative					or Dispose	ed							Security:	(Instr. 4)
	Security					of (D) (Instr. 3, 4							0	Direct (D) or Indirect	
						(inst. 5, 4 and 5)	,					Transaction(s)			
						und 5)	1		1				()	(Instr. 4)	
								Date	Expiration		Amount		((
									Date	Title	or Number				
				Code	v	(A)	(D)		Dute		of Shares				
Stock															
Option	\$ 5	03/30/2017				100.000		03/30/2018(1)	02/20/2022	Common Stock	100.000	¢ 0	100.000	D	
(Right	0 3 3	03/30/2017		А		100,000		03/30/2018	03/30/2023	Stock	100,000	\$ 0	100,000	D	
Buy)															

Reporting Owners

Describe Organ Name (Address		Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Faulkes Martin Charles 1 SCOTTS ROAD, #24-05 SHAW CENTRE SINGAPORE, U0 228208	Х								

Signatures

/s/ Martin Charles Faulkes	04/03/2017
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 100,000 Options were granted on March 30, 2017 under the Company's 2015 Stock Incentive Plan. The Options vest in full twelve 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.