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 OF SECURITIES

| OMB APPROVAL | | | | | | |
|-------------------------|-----------|--|--|--|--|--|
| MB Number: | 3235-0287 | | | | | |
| stimated average burden | | | | | | |
| ours per response | . 0.5 | | | | | |

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 | es) | | | | | | | | | | | | | | | | | |
|-------------------------------------------------------------------|-------------|--------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------|--------------|--------------------------------------|------------------------------------------------|------------------------------------------------------------------|--------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------|--|
| 1. Name and Address of Reporting Person *- Vanston David Cecil | | | | 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 | | | | | | |
| 1 SCOTTS ROAD, #24-05 SHAW CENTRE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/10/2017 | | | | | | | | | X Officer (give title below) Other (specify below) Chief Financial Officer | | | | | |
| (Street) SINGAPORE, U0 228208 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | | _X_ Fc | 6. Individual or Joint/Group Filing(Check Applicable Line) _X. Form filed by One Reporting Person _Form filed by More than One Reporting Person | | | | | | |
| (Cit | ty) | (State) | (Zip |) | | | Т | able | I - Non-De | rivati | ve Securi | ities . | Acquired, I | Disposed o | f, or Benefi | icially Owned | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/ | | Exect ar) any | 2A. Deemed Execution I any (Month/Day | | 3. Transaction Code (Instr. 8) | | 4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5) | | | | | | orm: of Be | eneficial wnership | | |
| | | | | | | | | Code V | | Amo | ount (A) | | Price | | | | (I) (Instr. 4) | | |
| | P | separate line for each | | | - Deriva | ıtive | Securitie | es Ac | Perso in thi a cur | ons v | m are no y valid O l of, or Be | t rec MB | quired to r control nu | espond u umber. | | on containe form displa | | 74 (9-02) | |
| (Instr. 3) Price o Deriva | Conversion | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. 5 Transaction I Code S (Instr. 8) A | | 5. Number of | | of 6. Date Exer Expiration D (Month/Day) | | Date | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) | Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | V | (A) | (D) | Date Exercisabl | e | Expiration Date | on | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | | |
| Stock Option (Right to Buy) | \$ 5 | 04/10/2017 | | | A | | 100,000 | | 04/10/20 | 18 ⁽¹⁾ | 04/10/2 | 023 | Common Stock | 100,000 | \$ 0 | 100,000 | D | | |
| Repor | rting O | Owners | | | | | | | | | | | | | | | | | |
| Reporting Owner Name / Address | | | | 100/ | | Relation | <u> </u> | | | | | | | | | | | | |
| Vanston 1 1 SCOTT | David Cec | il #24-05 SHAW (| | Director | 10% (| Owne | | | nancial Of | ficer | Other | | | | | | | | |

Signatures

| /s/ David Cecil Vanston | 04/11/2017 |
|---------------------------------|------------|
| **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 April 10, 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.