FORM 4

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

| OMB APPROVAL | | | | | |
|-------------------------|-----------|--|--|--|--|
| MB Number: | 3235-0287 | | | | |
| stimated average burden | | | | | |
| ours 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 | es) | | | | | | | | | | | | | |
|---|---|---|--|---|---|--|--|---------------------|--|---|--|--|--|------------|-----------|
| Name and Address of Reporting Person * Vanston David Cecil | | | | 2. Issuer Name and Ticker or Trading Symbol VOLITIONRX LTD [VNRX] | | | | | | 5. R | 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) 01/23/2018 | | | | | X | Director10% Owner 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_ F | 6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqui | | | | | | Acquired, | lired, Disposed of, or Beneficially Owned | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year | | Execution Date, if any (Month/Day/Year) | | Code (Inst | e (A) (Inst | (A) or Disposed of (Instr. 3, 4 and 5) (A) or | | | | | Ownership of orm: Boirect (D) O | Nature Indirect eneficial wnership nstr. 4) | | | |
| Reminder: | Report on a | separate line for eac | | Derivati | ive S | Securitie | s Ac | Persons v | m are not re a currently v | equired to valid OMB ficially Owi | respond control r | unless the | tion contain e form | ed SEC 14 | 74 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | | 4. Transact | 4. 5. Number of Iransaction Of Derivative (| | Expiration Date ve (Month/Day/Year) Graph of the second o | | 7. Title at Amount of Underlying Securities | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect | (Instr. 4) | |
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (Right to Buy) | \$ 4 | 01/23/2018 | | A | | 60,000 | | 01/23/2019(1) | 01/23/202 | 4 Commo Stock | n 60,000 | \$ 0 | 60,000 | D | |
| Repor | ting O | Wners | | | | Relatio | onshi | ips | | | | | | | |

| P (0 N (A)) | | Relationships | | | | | | |
|--|---------------------------|---------------|-------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director 10% Owner Office | | Officer | Other | | | | |
| Vanston David Cecil 1 SCOTTS ROAD, #24-05 SHAW CENTRE SINGAPORE, U0 228208 | | | Chief Financial Officer | | | | | |

Signatures

| /s/ David Cecil Vanston | 01/25/2018 |
|---------------------------------|------------|
| **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 60,000 Options were granted on January 23, 2018 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.