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

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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).

## 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* TERRELL JASON BRADLEY MD		2. Issuer Name and Ticker or Trading Symbol VOLITIONRX LTD [VNRX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)Director10% Owner				
(Last) (First) 13215 BEE CAVE PARKWA GALLERIA OAKS B	3. Date of Earliest Transaction (Month/Day/Year) 02/05/2021						X Officer (give title below) Other (specify below)  Chief Medical Officer					
(Street)		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				
AUSTIN, TX 78738								romi inc	d by More man	One Reporting	CISOII	
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
Title of Security nstr. 3)  2. Transaction Date (Month/Day/Yea		2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)				f(D)	Beneficial	nt of Securities lly Owned Following Transaction(s) nd 4)		Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
			Code	V	Amoun	(A) or (D)	Price		(I)		or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock	02/05/2021		S		10,000		§ 5.37	34,949			D	
		Derivative Securiti	es Acquire	conta the fe	ained in orm dis	n this for splays a c of, or Bene	m are currer eficiall	not requ ntly valid		ormation spond unle rol numbe	ss	1474 (9-02)
1. Title of Derivative Conversion or Exercise Price of Derivative Security  Security  (Instr. 3)  3. Transaction Date (Month/Day)	on 3A. Deemed Execution Day any	te, if Transaction Code (Instr. 8)	5.	6. Da and I (Mon	ate Exerc Expirationth/Day/	cisable on Date	7. Ti Amo Undo Secu (Insti	Amount or Number of	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form of Derivatir Security Direct (I or Indire	Ownership (Instr. 4)
Reporting Owners		Code V	(A) (D)					Shares				

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
TERRELL JASON BRADLEY MD 13215 BEE CAVE PARKWAY SUITE 125, GALLERIA OAKS B AUSTIN, TX 78738			Chief Medical Officer				

# **Signatures**

/s/ Jason Terrell MD	02/08/2021
**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).

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.