### 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 Ty	pe Response	s)												
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) Director 10% Owner				
(Last) (First) (Middle) 13215 BEE CAVE PARKWAY, SUITE 125, GALLERIA OAKS B				3. Date of Earliest Transaction (Month/Day/Year) 05/28/2021						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 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqu					s Acani	ired. Disposed of, or Beneficially Owned				
(Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transaction Code (Instr. 8)		1 4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			6. Ownership Form:	7. Nature of Indirect Beneficial
					Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)		\ /	Ownership (Instr. 4)	
Common	Stock		05/28/2021		S		10,000	) D	\$ 3.54	24,949			D	
				Derivative Securit	-					ly Owned				
	2. Conversion or Exercise Price of	3. Transaction	any 3A. Deemed Execution Da	Derivative Securit e.g., puts, calls, wa	ies Acquire arrants, op 5.	Pers cont the f ed, Di tions,	ons who ained in orm dis	o responding this for splays a pof, or Bentible securisable on Date	neficiall urities) 7. Ti	not requ ntly valid	OMB conf	spond unles trol number	f 10. Ownersh Form of	11. Nature of Indirect Beneficial Ownership
	Derivative Security				Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				(Inst 4)	r. 3 and		Owned Following Reported Transaction(s) (Instr. 4)	Security: Direct (D or Indirect ) (I) (Instr. 4)	O) ct
				Code V	(A) (D)	Date Exer		Expiration Date	On Title	Amount or Number of Shares				
Repor	ting O	wners												
				Relatio	nships		ı							
Reporting Owner Name / Address				0%										

# **Signatures**

AUSTIN, TX 78738

/s/ Jason Terrell MD	06/02/2021
**Signature of Reporting Person	Date

TERRELL JASON BRADLEY MD 13215 BEE CAVE PARKWAY

SUITE 125, GALLERIA OAKS B

10%

Owner

Officer

Chief Medical Officer

Other

Director

## **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.