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

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response	0.5						

hours per response.

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 * Barnes Phillip					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) 13215 BEE CAVE PARKWAY, SUITE 125 GALLERIA OAKS B					3. Date of Earliest Transaction (Month/Day/Year) 12/08-05:00/2021						0	fficer (give ti	tle below)	Other (specify below)	
(Street) AUSTIN, TX 78738				4. If A	4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ For	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	/	(State)	(Zip)				Table I	- Non-De	erivati	ive Securities	Acquired, D	isposed of	, or Benefic	cially Owned		
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Y	ear) Exe			(Instr. 8	(A) o		curities Acquire r Disposed of (. 3, 4 and 5)	Owned Following Transaction(s)		curities Beneficially g Reported		Ownership Form:	Beneficial
				(IVI	(Month/Day		Code	e V	Amoi	unt (A) or (D) P	Price (Instr	(Instr. 3 and 4)		01	r Indirect (Ownership Instr. 4)
			ı	(e.g.				this fo curren	orm and the state of the state	no respond to re not require alid OMB cor of, or Benefici tible securitie	ed to respontrol number	nd unles				474 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative	sion Date (Month/Day/Year) Execution (Month/Day/Year) (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code	ction	5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. The Section of the Company of the Co		7. Title and of Underlyi Securities	Title and Amount f Underlying ecurities instr. 3 and 4)		9. Number of Derivative Securities Beneficially Owned	Form of Derivative Security:	(Instr. 4)	
	Security		-	Code	V	(A)	(D)	Date Exercisal	ble	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s (Instr. 4)	Direct (D) or Indirect) (I) (Instr. 4)	
Stock Option (Right to Buy)	\$ 3.6	12/08- 05:00/2021		D(1)			15,000	04/13 05:00/2	_	04/13- 05:00/2026	Common Stock	15,000	(1)	0	D	
Stock Option (Right to Buy)	\$ 3.6	12/08- 05:00/2021		A(1)		15,000		04/13 05:00/2	-	04/13- 05:00/2030	Common Stock	15,000	<u>(1)</u>	15,000	D	

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Barnes Phillip 13215 BEE CAVE PARKWAY SUITE 125 GALLERIA OAKS B AUSTIN, TX 78738	X					

Signatures

/s/ Phillip Barnes	12/10-05:00/2021
**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).

The reported transactions involved an amendment of outstanding options, resulting in the deemed cancellation of the "old" options and the grant of "replacement" options. The "old" options (1) were originally granted on April 13, 2020, vested in full and were exercisable at 12 months from the date of grant, and were exercisable for five years from the date first exercisable. The "replacement" options are fully-vested and expire on April 13, 2030 (ten years from the original 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.