FORM 4	4
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Check this box if no	
longer subject to	
Section 16. Form 4 or	r
Form 5 obligations	
may continue. See	
Instruction 1(b).	

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

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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 R TERRELL JASON E	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) 13215 BEE CAVE P. GALLERIA OAKS I		^(Middle) ,, SUITE 125,	3. Date of Earliest Transaction (Month/Day/Yea 06/06-05:00/2022						X Officer (give title below) Other (specify below) Chief Medical Officer			
(Street) AUSTIN, TX 78738			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			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially O							Owned		
1.Title of Security (Instr. 3)	(Month/Day/Year) any (Instr. 8) (Instr. 3, 4 and 5)		of (D)	Beneficially Owned Following Reported Transaction(s)	Form:	7. Nature of Indirect Beneficial						
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock		06/06- 05:00/2022		S		14,949	D	\$ 2.47	12,300	D		
Common Stock									955	Ι	By Spouse	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1474 (9-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.			6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n N	Jumb	er	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	0	f		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	D	Deriva	tive			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				S	ecuri	ties			(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security				A	Acquir	red			4)			Following	Direct (D)	
					· ·	A) or							Reported	or Indirect	
						Dispos							Transaction(s)	< / <	
						f(D)							(Instr. 4)	(Instr. 4)	
					· ·	Instr.	· · ·								
					4	, and	5)								
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
								Excicisable	Date		of				
				Code V	/ ((A)	(D)				Shares				

Reporting Owners

	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 Bradley Terrell MD	06/07-05:00/2022
**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.