<b>FORM</b>	4
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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).

(Print or Type Perpone

#### 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

1. Name and Address of Reporting Po Butera Salvatore Thomas	2. Issuer Name an VOLITIONRX			0,	ıbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) 1489 WEST WARM SPRING ROAD, SUITE 110	3. Date of Earliest 7 08/22-05:00/20		n (Mo	onth/Day/	Year)	X_Officer (give title below)Other (specify below) _					
(Street) HENDERSON, NV 89014	4. If Amendment, I	Date Origir	nal Fi	led(Month/I	Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City) (State)	ity) (State) (Zip) <b>Table I - Non-Derivative Securities Acqu</b>						s Acqu	uired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	3. Transac Code (Instr. 8)	ction	(A) or Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership 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	08/22- 05:00/2022		Р		5,000	5,000 A \$1.64		160,000	D		
Common Stock							7,000	D (1)			

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

Persons who respond to the collection of information

SEC 1474 (9-02)

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

( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)																	
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.	6. Date Exercis		cisable	isable 7. Title and		8. Price of	9. Number of	10.	11. Nature		
Derivative	Conversion	Date	Execution Date, if	Transacti	ion	Num	ber	and Expirati	on Date	Amount of		Derivative	Derivative	Ownership	of Indirect		
Security	or Exercise	(Month/Day/Year)	any	Code		of	of (Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial			
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ivative		Securities (I		(Instr. 5)	Beneficially	Derivative	Ownership			
	Derivative					Secu	curities		(Instr. 3 and			Owned	Security:	(Instr. 4)			
	Security					Acqu	ired			4)			Following	Direct (D)			
						(A) o	r						Reported	or Indirect			
						Dispo	osed						Transaction(s)	(I)			
						of (D	)						(Instr. 4)	(Instr. 4)			
						(Instr	. 3,										
						4, and	15)										
											Amount	1					
								<b>D</b> .	<b>.</b>		or						
									1			Title	Number				
								Exercisable	Date		of						
				Code	V	(A)	(D)				Shares						

## **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Butera Salvatore Thomas 1489 WEST WARM SPRINGS ROAD SUITE 110 HENDERSON, NV 89014			CEO - Volition Veterinary					

### **Signatures**

/s/ Salvatore Thomas Butera	08/23-05:00/2022
***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).
- (1) These shares of common stock are jointly owned by the reporting person and his spouse.

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.