FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL							
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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

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 Person*  Michel Gaetan					2. Issuer Name and Ticker or Trading Symbol VOLITIONRX LTD [ VNRX ]										Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner					
(Last) (First) (Middle) 1489 WEST WARM SPRINGS ROAD						3. Date of Earliest Transaction (Month/Day/Year) 10/04/2022									X Officer (give title below) Chief Op			Other (specify below) perating Officer		
SUITE 110						4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person					
(Street) HENDERSON	NV	89	89014													X Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(State)	(Zi	p)																	
İ		Та	ble I - Noi	n-Deri	ivativ	e Se	curitie	s Acq	uired,	Disp	osed of,	or E	Benefi	cially Ov	/ned					
Date					nsaction h/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 au					curities neficially Owned llowing Reported		nership Direct (D) irect (I) 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D)	Price	(Instr. 3 and 4)				(111501.4)	
Common Stock 10/04						04/2022			F		6,883(1)		D	\$1.46	33,997		D			
Common Stock 10/02					04/2022				A		100,000(2)		A	\$0	133,997		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Da (Month/Day/Y		te Securities Und		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
Explanation of Re					Code	V (A) (D)		Date Exercis	able	Expiration Date	Title		Amount or Number of Shares		(Instr. 4)	U.11(3)				

- 1. Represents the aggregate number of shares of common stock retained by VolitionRx for cancellation to satisfy the tax withholding obligations of the reporting person upon settlement of 19,905 restricted stock units. No shares were sold by the reporting person or VolitionRx in such transaction.
- 2. On October 4, 2022, the reporting person was awarded 100,000 restricted stock units under the Issuer's 2015 Stock Incentive Plan, subject to vesting upon the achievement of a closing stock price target above \$5.00 per share of the Issuer's common stock for a minimum of ten consecutive trading days prior to October 4, 2025, and also subject to time-based vesting in a single installment six months after the timely achievement of the target, if at all. Upon vesting and settlement, the reporting person will receive a number of shares of common stock equal to the number of restricted stock units that have vested

## Remarks:

/s/ Gaetan Michel

10/06/2022

\*\* Signature of Reporting Person

Date

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

- \* 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.

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 Number.