Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20049	

Washington, D.C. 20949	OMB APPROVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287	

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	OMB APPROVAL									
	OMB Number: 3235-0287									
	Estimated average burd	den								
ı	hours per response:	0.5								

1. Name and Address of Reporting Person* Haigh Adrian					2. Issuer Name and Ticker or Trading Symbol FENNEC PHARMACEUTICALS INC. [FENC]									ck all app Direc	licable) tor er (give title	ng Pe	10% Ov Other (s	wner specify	
(Last) (First) (Middle) C/O FENNEC PHARMACEUTICALS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 04/15/2024									,	TIN	G OFFICI	ER		
PO BOX 13628, 68 TW ALEXANDER DRIVE				4. If Amendment, Date of Original Filed (Month/Day/Year) 04/16/2024							6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) RESEARCH TRIANGLE NC 27709 PARK					Rule 10b5-1(c) Transaction Indication								X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							uction or wri	tten pl	an that is inte	ended to			
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benef	ficiall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution [ition Date, Transac						3, 4 and Secur Benef Owne		ities icially (d Following (n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)		rice		ction(s) and 4)			(Instr. 4)
Common Shares ⁽¹⁾ 04/15/2					2024				M		22,222	A	A S	\$2.31	31 22,222			D	
Common Shares ⁽²⁾ 04/16/2					/2024				M		22,222	A	A 9	\$2.31	44,444		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	3. Transaction Date (Month/Day/Year)	if any	ion Date,	4. Transa Code (8)	Instr.	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instrand 5	rities ired r osed) : 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amount or Numb of Title Share		Service (In Service)	Price of privative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

- 1. On April 16, 2024, the reporting person filed a Form 4 that mistakenly indicated a transaction code of "S" in Column 3 of Table I concerning the reporting person's acquisition of 22,222 common shares on April 15, 2024, and an additional 22,222 common shares on April 16, 2024, each pursuant to an option exercise pursuant to a 10b5-1 plan dated August 17, 2023. The correct transaction code for the reporting person's acquisition of these shares is "M".
- 2. On April 16, 2024, the reporting person filed a Form 4 that mistakenly indicated a transaction code of "S" in Column 3 of Table I concerning the reporting person's acquisition of 22,222 common shares on April 15, 2024, and an additional 22,222 common shares on April 16, 2024, each pursuant to an option exercise pursuant to a 10b5-1 plan dated August 17, 2023. The correct transaction code for the reporting person's acquisition of these shares is "M".

04/26/2024 /s/ Adrian Haigh

** 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.