SEC Form 4	
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FORM 4

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

				ROVAL	
Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMEN	T OF CHANGES IN BENEFICIAL OWN	ERSHIP	OMB Number: Estimated average b	3235-0287 ourden
 obligations may continue. See Instruction 1(b). 	Filed	pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940		hours per response:	0.5
1. Name and Address of Reporting Person <u>Haigh Adrian</u>	ı*	2. Issuer Name and Ticker or Trading Symbol <u>FENNEC PHARMACEUTICALS INC.</u> [FENC]	5. Relationship of (Check all applical Director X Officer (g	, 10%	to Issuer % Owner her (specify
(Last) (First) (Middle) C/O FENNEC PHARMACEUTICALS, INC. PO BOX 13628, 68 TW ALEXANDER DRIVE		3. Date of Earliest Transaction (Month/Day/Year) 04/17/2024	below)	belo DPERATING OFF	- ,
		4. If Amendment, Date of Original Filed (Month/Day/Year) 04/18/2024	Line)	int/Group Filing (Cheo d by One Reporting F	

Form filed by More than One Reporting Person

RESEARCH		
TRIANGLE	NC	
PARK		

(State)

27709

(Zip)

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Rule 10b5-1(c) Transaction Indication

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)						5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Shares ⁽¹⁾	04/17/2024		М		22,222	A	\$2.31	22,222	D	
Common Shares ⁽²⁾	04/18/2024		М		22,222	A	\$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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) o Dispo of (D (Instr			Expiration Date // (Month/Day/Year) S			Expiration Date Amount of (Month/Day/Year) Securities			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v			Date Exercisable	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

1. On April 18, 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 17, 2024, and an additional 22,222 common shares on April 18, 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 18, 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 17, 2024, and an additional 22,222 common shares on April 18, 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.



(Street)

R

(City)