FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-028									
Estimated average	burden									

0.5

hours per response:

## Check this box if no longer subject to Section 16. Form 4 or Form 5 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

Name and Address of Reporting Person*     Haigh Adrian					FE	2. Issuer Name and Ticker or Trading Symbol FENNEC PHARMACEUTICALS INC. [ FENC ]								neck all appl Direct	ationship of Reportin k all applicable) Director Officer (give title		on(s) to Iss 10% Ov Other (s	/ner
(Last) C/O FEN	`	irst) RMACEUTICA	(Middle)	C.		3. Date of Earliest Transaction (Month/Day/Year) 04/15/2024								below	below) CHIEF OPERA		below)	ER
PO BOX 13628, 68 TW ALEXANDER DRIVE					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. l Lin	ndividual or Joint/Group Filing (Check Appl e)				plicable	
	reet) ESEARCH RIANGLE NC 27709												X Form filed by One Reporting Person Form filed by More than One Reporting Person				- 1	
PARK	,EE IV	2770)			Ru	Rule 10b5-1(c) Transaction Indication												
(City) (State) (Zip)					X	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.												
		Tab	le I - N	on-Deriv	ative	Secu	uritie	s Ac	quired	l, Di	sposed o	f, or Be	neficia	lly Owne	d			
1. Title of Security (Instr. 3)  2. Transactic Date (Month/Day/					/Year)   Execu		Deemed cution Date, y nth/Day/Year)	3. Transaction Code (Instr. 8)					Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Transa (Instr. 3	ction(s)			(IIISU. 4)
Common Shares <sup>(1)</sup> 04/				04/15/2	2024				S		22,222	A	\$2.31	1 22	2,222		D	
Common Shares <sup>(2)</sup> 04				04/16/2	2024				S		22,222	A	\$2.31	1 44	44,444		D	
Common Shares <sup>(3)</sup> 04/15/20				.024						22,222	D	\$10.29	58 22	2,222		D		
Common Shares <sup>(4)</sup> 04/16/20				2024				S		22,222	D	\$10.27	76	0		D		
		٦	Γable II								posed of, convertib			y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Day/Year) Execution	on Date,	4. Transac Code (I 8)	nstr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerr Expiration D (Month/Day/		ate	7. Title a Amount Securitie Underlyi Derivativ Security and 4)	of es ng re (Instr. 3	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
													Amount or					

Date Exercisable

04/25/2014

04/25/2014

Expiration Date

04/25/2024

04/25/2024

Title

Options

Options

## **Explanation of Responses:**

\$2.31

\$2.31

Common

Shares<sup>(5)</sup> Common

Shares<sup>(6)</sup>

- 1. Shares acquired pursuant to an option exercise pursuant to a 10b5-1 plan dated August 17, 2023.
- 2. Shares acquired pursuant to an option exercise pursuant to a 10b5-1 plan dated August 17, 2023.
- 3. Shares disposed pursuant to a 10b5-1 plan dated August 17, 2023.
- 4. Shares acquired pursuant to a 10b5-1 plan dated August 17, 2023.
- 5. Option exercise made pursuant to a 10b5-1 plan dated August 17, 2023.

04/15/2024

04/16/2024

6. Option exercise made pursuant to a 10b5-1 plan dated August 17, 2023.

/s/ Adrian Haigh

04/16/2024

471,357

449,135

D

D

\*\* Signature of Reporting Person

of Shares

22,222

22,222

\$2.31

\$2.31

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).

Code ν

M

M

(A) (D)

22 222

22 222

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.