FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

KILIEO	AND EXCHANGE COMMISSIC
\	D 0 00540

OMB APPROVAL

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	OMP North and	2025 2027
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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(c). S	ee Instruction 1	0.																		
Name and Address of Reporting Person* Paykov Poety						2. Issuer Name and Ticker or Trading Symbol FENNEC PHARMACEUTICALS INC.									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Raykov Rosty					FEN										Director			10% O	wner	
(Last) (First) (Middle)															Office below	er (give title v)		Other (s	specify	
C/O FEN	NEC PHA	RMACEUTICA	LS, IN	C.	3. Da	Date of Earliest Transaction (Month/Day/Year)														
PO BOX 13628, 68 TW ALEXANDER DRIVE						08/23/2024														
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year) 08/26/2024									Individual or Joint/Group Filing (Check Applicable Line)						
RESEAF TRIANC			27709		00/2	0/202	. •								Form filed by One Reporting Person					
PARK	JLE INC	2 2	.1109													Form filed by More than One Repo Person				
(City)	(St	ate) (Z	Zip)	,																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficia	ally Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (ADDisposed Of (D) (Instr. 3D) 5)				nd Securit Benefit Owned	. Amount of Securities Seneficially Owned Following		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) (D)) or)	Price		ed ction(s) 3 and 4)			(Instr. 4)	
Common shares ⁽¹⁾ 08/23/2						2024			G	V	50,000]	D	\$0	13	7,471	D			
Common	Common shares ⁽¹⁾ 08/23				2024			G	V	16,666	1	D	\$0 12		20,805		D			
Common shares ⁽¹⁾				08/23/	/2024				G	V	28,372]	D	\$0	92	2,433 I		D		
Common shares ⁽¹⁾⁽²⁾			08/23/	/23/2024				G	V	26,001]	D	\$0	60	66,432		D			
		Tal									osed of, o					d				
1. Title of	2.	3. Transaction	3A. Dee	med	4.		5. Nu	mber	6. Date	Exerci	sable and	7. Tit	le and	lies,	8. Price of	9. Number		10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Date if any (Month/Day/Yea		Transa Code (8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative Security (Ins 3 and 4)		ıstr.	Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly D	Ownership Form: Direct (D) or Indirect I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Amou or Numb of Title Share		ber								

Explanation of Responses:

- 1. This transaction represents a donation of shares of the Issuer's Common Stock to a charity.
- 2. This amendment is being filed to correct an administrative error in the Form 4 filed by Mr. Rosty that did not include 26,001 shares donated.

/s/ Rostislav Raykov

08/27/2024

** Signature of Reporting Person

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.