FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Nashington	DC 2	0549		

OMB APPROVAL									
OMB Number:	3235-0287								
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).

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 10b5-1(c). See Instruction 10.

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(0). 00	ee Instruction	10.																	
1. Name and Address of Reporting Person* Raykov Rosty			2. Issuer Name and Ticker or Trading Symbol FENNEC PHARMACEUTICALS INC. FENC									k all app	licable)	ng Person(s) to Issu 10% Own					
(Last)	(Fi	rst) (I		TENC 1										Office below	er (give title w)		Other (specify below)		
C/O FENNEC PHARMACEUTICALS, INC. PO BOX 13628, 68 TW ALEXANDER DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 12/31/2024															
(Street) RESEARCH TRIANGLE NC 27709 PARK				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					on			
(City)	(St	tate) (2	Zip)																
		Table	I - Nor	n-Deriva	tive S	Secu	ırities	Acq	uired,	Dis	osed of	, or E	Bene	ficially	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (ADisposed Of (D) (Instr. 35)					ties cially I Following	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) (D)	or	Price		ea ction(s) 3 and 4)			(Instr. 4)
Common shares ⁽¹⁾ 12/31/2				2024			A		2,431	Α	A \$0		93,863		D				
		Та									osed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		on Date,	4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownershi (Instr. 4)	
				Code	v	(A)	(D)	Date Expiration Date Title Shar		ber									

Explanation of Responses:

1. Represents release of restriction from shares awarded 3-31-2023

/s/ Rosty Raykov

01/03/2025

** 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.