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.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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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								
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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.

Instruction 1(b).

1(c). Se	ee Instruction	10.																	
1. Name and Address of Reporting Person* Andrade Robert				FEI	2. Issuer Name and Ticker or Trading Symbol FENNEC PHARMACEUTICALS INC. [5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
						FENC]								V	Office below	cer (give title		Other (specify below)	
(Last) (First) (Middle) C/O FENNEC PHARMACEUTICALS, INC. PO BOX 13628, 68 TW ALEXANDER DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 12/31/2024									CHIE	EF FINAN	CIAL	. OFFICE	ER	
(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 Person								
(City)	(St	tate)	(Zip)																
		Table	l - No	n-Deriva	ative S	Secu	ırities	Acq	uired,	Dis	posed of	, or	Bene	iciall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,				es Acquired (A Of (D) (Instr. 3,					Form (D) or	rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownershi (Instr. 4)				
							Code	v	Amount (A) o) or)	rice	Transaction(s) (Instr. 3 and 4)				(111511. 4)		
Common shares ⁽¹⁾ 12/31/.					2024				A		1,042		A	\$ <mark>0</mark>	129,465			D	
		Та									osed of, onvertib				Owne	d			
Security (Instr. 3) Or E	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Executi if any	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		vative vative virities vired vrosed) r. 3, 4	6. Date E Expiration (Month/I	on Da		Amount		De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefic Owners (Instr. 4
				Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	er						

Explanation of Responses:

1. Represents shares released from restriction from shares awarded 3-31-2023.

01/03/2025 /s/ Robert Andrade

** 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.