## FORM 4

## UNITED S

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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).

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. Name and Address of Reporting Person*  Raykov Rosty				FE	2. Issuer Name and Ticker or Trading Symbol FENNEC PHARMACEUTICALS INC. [FENC]								5. Relationship of Reporting Person(s) to I (Check all applicable)  Director 10% 0			% Ow	ner	
(Last)	(F	First)	(Middle)			•								Officer below)	(give title		her (s low)	pecify
C/O FENNEC PHARMACEUTICALS, INC. PO BOX 13628, 68 TW ALEXANDER DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 12/20/2024														
(Street) RESEARCH TRIANGLE NC 27709 PARK  (City) (State) (Zip)				4. If	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					
		Tab	le I - Nor	n-Deriva	ative	Sec	uriti	es Acq	uired,	Dis	osed of	, or Be	neficia	lly Owne	t			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Ex er) if a	2A. Deemed Execution Date, if any (Month/Day/Year)				ies Acquired (A) Of (D) (Instr. 3, 4		Benefici Owned	es ally Following	6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4)	t o	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) o	Price	Reporte Transac (Instr. 3	tion(s)			nstr. 4)
Common shares <sup>(1)</sup> 12/20/				/2024	2024		M		25,000	A	\$2.6	91	,432	D				
		7									osed of, onvertib			y Owned				
1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deeme		4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		1	9. Number	of 10.	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Security	or Exercise Price of Derivative Security		Execution if any (Month/Da	· (	Code (I		Deri Secu Acqu (A) o Disp of (D	vative urities uired or oosed O) (Instr.	Expiration	n Dat	e	Amount Securitie Underlyi Derivativ Security	of es ng /e	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Direct or Ind (I) (Ins	(D)	of Indire Benefici Owners (Instr. 4)
Security (Instr. 3)	Price of Derivative		if any	ny/Year) 8	Code (I		Deri Secu Acqu (A) o Disp of (D	vative urities uired or oosed O) (Instr. and 5)	Expiration	on Dat	e	Amount Securitie Underlyi Derivativ Security	of es ng /e	Derivative Security	derivative Securities Beneficial Owned Following Reported Transactio	y Direct or Ind (I) (Ins	(D)	Benefic Owners

## **Explanation of Responses:**

1. Shares acquired through the exercise of an option contract with strike price of \$2.69 and an expiration date of December 31, 2024.

/s/ Rosty Raykov

12/23/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).