

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL	
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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

1. Name and Address of Reporting Person* <u>Southpoint Capital Advisors LP</u>  (Last) (First) (Middle) 1114 AVENUE OF THE AMERICAS, 22ND FLOOR  (Street) NEW YORK NY 10036  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 09/11/2017	3. Issuer Name and Ticker or Trading Symbol <u>FENNEC PHARMACEUTICALS INC. [ FENC ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)  <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	3,997,214	I	See footnote <sup>(1)</sup>

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person\*  
Southpoint Capital Advisors LP  
 (Last) (First) (Middle)  
 1114 AVENUE OF THE AMERICAS, 22ND FLOOR  
 (Street)  
 NEW YORK NY 10036  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Southpoint Capital Advisors LLC  
 (Last) (First) (Middle)  
 1114 AVENUE OF THE AMERICAS, 22ND FLOOR  
 (Street)  
 NEW YORK NY 10036  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Southpoint GP, LP  
 (Last) (First) (Middle)  
 1114 AVENUE OF THE AMERICAS, 22ND FLOOR  
 (Street)  
 NEW YORK NY 10036  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*

[Southpoint GP, LLC](#)

(Last) (First) (Middle)  
1114 AVENUE OF THE AMERICAS, 22ND FLOOR

(Street)  
NEW YORK NY 10036

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

[Clark John Smith II](#)

(Last) (First) (Middle)  
1114 AVENUE OF THE AMERICAS, 22ND FLOOR

(Street)  
NEW YORK NY 10036

(City) (State) (Zip)

**Explanation of Responses:**

1. The securities are directly held by Southpoint Master Fund, LP for which Southpoint Capital Advisors LP serves as the investment manager and Southpoint GP, LP serves as the general partner. Southpoint Capital Advisors LLC serves as the general partner of Southpoint Capital Advisors LP and Southpoint GP, LLC serves as the general partner of Southpoint GP, LP. John S. Clark II serves as managing member of both Southpoint Capital Advisors LLC and Southpoint GP, LLC. Each of the Reporting Persons disclaims beneficial ownership of the shares reported herein except to the extent of its or his pecuniary interest therein.

**Remarks:**

[/s/ John S. Clark II, Southpoint Capital Advisors LP, by Southpoint Capital Advisors LLC, its General Partner, by John S. Clark II, Managing Member](#) [09/11/2017](#)

[/s/ John S. Clark II, Southpoint Capital Advisors LLC, by John S. Clark II, Managing Member](#) [09/11/2017](#)

[/s/ John S. Clark II, Southpoint GP, LP, by Southpoint GP, LLC, its General Partner, by John S. Clark II, Managing Member](#) [09/11/2017](#)

[/s/ John S. Clark II, Southpoint GP, LLC, by John S. Clark II, Managing Member](#) [09/11/2017](#)

[/s/ John S. Clark II](#) [09/11/2017](#)

\*\* Signature of Reporting Person      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 5 (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.