

VOLITIONRX LTD  
 Form 3  
 December 17, 2014

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * O'Connell Michael James (Last) (First) (Middle)  1 SCOTTS ROAD, #24-05 SHAW CENTRE (Street)  SINGAPORE, U0 228208 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 07/01/2014	3. Issuer Name and Ticker or Trading Symbol VOLITIONRX LTD [VNRX]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Chief Financial Officer	5. If Amendment, Date 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
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**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 <sup>(1)</sup>	0	D	A

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

SEC 1473 (7-02)

**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 control number.**

**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)  Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Amount or Number of Shares			or Indirect (I) (Instr. 5)	
Option <sup>(2)</sup>	02/18/2015	02/18/2018	Common Stock	10,000	\$ 3	D	Â
Option <sup>(2)</sup>	08/18/2015	08/18/2018	Common Stock	10,000	\$ 3	D	Â
Option <sup>(2)</sup>	02/18/2016	02/18/2019	Common Stock	10,000	\$ 4	D	Â
Option <sup>(2)</sup>	08/18/2016	08/18/2019	Common Stock	10,000	\$ 4	D	Â
Option <sup>(2)</sup>	02/18/2017	02/18/2020	Common Stock	10,000	\$ 5	D	Â
Option <sup>(2)</sup>	08/18/2017	08/18/2020	Common Stock	10,000	\$ 5	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
O'Connell Michael James 1 SCOTTS ROAD #24-05 SHAW CENTRE SINGAPORE, U0 228208	Â	Â	Â Chief Financial Officer	Â

## Signatures

Michael J. O'Connell 12/17/2014

         \*\*Signature of Reporting Person Date

## Explanation of Responses:

- \* 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).

- (1) On July 1, 2014, Mr. Mike O'Connell was appointed to serve as the Company's Chief Financial Officer.  
On August 18, 2014, the Company granted to Mr. O'Connell (the "Optionee") a total of 60,000 options pursuant to the Company's Equity Incentive Plan. Of the 60,000 total options granted, 1/6th or 10,000 shares vest every six months after the grant date, subject to the Optionee's continued service as of the vesting date(s).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.