# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROV	AL					
OMB Number:	3235-0287					
Estimated average burden						
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 ar																		
Name and Address of Reporting Person *  Cormack Scott Daniel				2. Issuer Name and Ticker or Trading Symbol ONCOGENEX PHARMACEUTICALS, INC. [OGXI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X_ Director 10% Owner X_ Officer (give title below) Other (specify below)								
(Last) (First) (Middle) 400-1001 W. BROADWAY				3. Date of Earliest Transaction (Month/Day/Year) 01/28/2010								Presi	ident and	CEO				
(Street) VANCOUVER, A1 V6H 4B1				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ Fo	6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person							
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
(Instr. 3) Date			2A. Deen Execution any (Month/D	n Date, i	f Code (Instr.		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)			Owned Transa	5. Amount of Securities Beneficially Owner Solution (S) Owner Solution (Instr. 3 and 4) Owner Solution (Instr. 4) Owner Solution (Instr. 5) Owner Solution (Instr. 6) Owner Solution (Instr. 7) Owner Solu		ficial ership					
						Coo	le V	Amount	(A) or (D)	Price					(I) (Instr.	4)		
Common	Stock		01/28/2010			M		7,077		\$ 3.889	8,092				I	Ву	Spouse	
Common	Stock										6,306	;			D			
Commor	Stock										25,68	0			I	Inve	By Trycor Investment Trust No.	
Common																		
	Report on a s	separate line for eac	h class of securities  Table II	- Derivati	ive Secu	rities Ac	Pers in th disp	ons whis form	are not currently	requir / valid neficial	ed to r OMB o	espond control n	of informat unless the umber.		tained	1 (1		
		3. Transaction	Table II	- Derivati (e.g., pu 4. Transaci Code	ive Secuts, calls, 5.1tion of De Ac (A) Dis of	rities Adwarran Number vivative urities quired or posed D) str. 3, 4,	Pers in th disp	ons whis form lays a converter cisable Date	of, or Bentible secu	requir valid neficial rrities) 7. To of U Secu	ed to r OMB o	espond control n ed Amount	unless the	9. Numb	er of ve es ally	SEC 14  10. Ownership Form of Derivative Security: Direct (D) or Indirect	74 (9-02)  11. Nature of Indire Beneficia	
Reminder:  1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II	- Derivati (e.g., pu 4. Transaci Code	ive Secuts, calls, standard of the secution of	rities Ac warran Number rivative surities quired or posed D) str. 3, 4,	Persin the dispersion of the d	ons whis form lays a convertercisable Date any/Year	n are not currently of, or Ber tible secu le and	requir valid neficial rrities) 7. To of U Secu	itle and nderlyin irities rr. 3 and	espond control n ed Amount	8. Price of Derivative Security	9. Numb Derivativ Securitie Beneficia Owned Followin Reported Transact	er of ve es ally	SEC 14  10. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	74 (9-02)  11. Natu of Indire Beneficic Ownersh	

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Cormack Scott Daniel 400-1001 W. BROADWAY VANCOUVER, A1 V6H 4B1	X		President and CEO			

## **Signatures**

	andra Thomson as Attorney-in-fact for Scott Cormack	Ī
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Signature of Reporting Person	Date	

### **Explanation of Responses:**

- \* 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)
- (1) Scott D. Cormack and his spouse are the trustees and beneficiaries of the Trycor Investment Trust No. 1

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.