## FORM 4

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

OMB APPRO	OVAL
OMB Number:	3235-0287
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hours per respense	0.5

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

	pe Response														
1. Name and Address of Reporting Person * JACOBS CINDY			2. Issuer Name and Ticker or Trading Symbol ONCOGENEX PHARMACEUTICALS, INC. [OGXI]					C	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X Officer (give title below)  Other (specify below)						
(Last) (First) (Middle) 1522 217TH PLACE SE, SUITE 100			3. Date of Earliest Transaction (Month/Day/Year) 12/14/2010							EVP, CMO					
(Street) BOTHELL, WA 98021				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting Person					
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu					s Acquired	tired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	2A. Dee Executi any (Month	on Date	, if Co		(A) (E)	Securities Acq A) or Disposed on str. 3, 4 and 5)  (A) or mount (D)	of (D) Ow Tra		ecurities Be ing Reported	d	Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership Instr. 4)
Reminder:	Report on a	separate line for each	I class of securities	ochericia:	ily Own	ou une		Persons in this f	s who respon orm are not re	equired to	respond	unless the		ned SEC 1	474 (9-02)
Reminder:	Report on a	separate line for each	i class of securities		ny own	ou une		Persons in this f	s who respon	equired to	respond	unless the		ned SEC 1	474 (9-02)
1. Title of	,	3. Transaction Date	Table II -  3A. Deemed Execution Date, if	Derivati (e.g., put 4. Transac Code	tive Secuts, calls  5. tion of Secution or of	Number Deriva quired Dispose (D)	Acquants, er er tive s (A) sed	Persons in this f displays nired, Dispo options, con 6. Date Exe	s who respon orm are not rest a currently we sed of, or Beneavertible securities and Date	equired to valid OME eficially Ov ities)	o respond 3 control n wned d Amount ying	unless the umber.	9. Number of Derivative Securities Beneficially Owned Following	Ownersh Form of Derivativ Security: Direct (D	11. Natur of Indired Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II -  3A. Deemed Execution Date, if any	Derivati (e.g., put 4. Transac Code	ive Secuts, calls 5. tion of Se Or of (Ir an	Number Derivatives quired Dispose (D) str. 3, 415)	Acquants, er titive s s (A) sed 4,	Persons in this f displays nired, Dispo options, core 6. Date Exe Expiration I	s who respon orm are not rest a currently was a currently was sed of, or Benearertible securicisable and Date //Year)	equired to valid OME eficially Ovities)  7. Title an of Underly Securities	o respond 3 control n wned d Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned	Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Natur of Indired Beneficia Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
JACOBS CINDY						
1522 217TH PLACE SE, SUITE 100			EVP, CMO			
BOTHELL, WA 98021						

### **Signatures**

Sandra Thomson as attorney-in-fact for Cindy Jacobs	12/16/2010
**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) The stock options vest monthly over four years.

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.