## FORM 4

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

| OMB APPR           | ROVAL     |
|--------------------|-----------|
| 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).

#### 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

| (Print or Type Responses)  1. Name and Address of Reporting Person * BURRIS MICHELLE |   | Issuer Name and Ticker or Trading Symbol     ONCOGENEX PHARMACEUTICALS, INC.     [OGXI]     3. Date of Earliest Transaction (Month/Day/Year)     01/03/2011 |  |  |                 |   | C  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner Officer (give title below) Other (specify below) |   |   |   |                                 |   |   |  |
|--|---|---|--|--|-----------------|---|--|--|---|---|---|---------------------------------|---|---|--|
| (Last) (First) (Middle)<br>1522 217TH PL SE, SUITE 100                               |   |   |  |  |                 |   |  | CFO  |   |   |   |                                 |   |   |  |
| (Street) BOTHELL, WA 98021   |   | 4. If Amendment, Date Original Filed(Month/Day/Year)  |  |  |                 |   |  | _X_  | 6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person |   |   |                                 |   |   |  |
|  | (City) (State) (Zip)                                      |   |  |  |                 | Ta  | able I -   | - Non-Deri   | vative Securitie  | s Acquired  | uired, Disposed of, or Beneficially Owned |                                 |   |   |  |
| (Instr. 3) Date  |   | 2. Transaction<br>Date<br>(Month/Day/Year)  | 2A. Deemed<br>Execution Da<br>any<br>(Month/Day/ |  | ate, if         |   | 8) (1  | . Securities Acq<br>A) or Disposed of<br>Instr. 3, 4 and 5)  (A) or Amount (D)   | of (D) Ow<br>Trai   |   | ecurities Boing Reporte                   |                                 | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)                                | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)         |  |
| Reminder:  | Report on a s   | separate line for each  | class of securities                              | beneficia                                      | lly o           | wned dire   | ectly or   | Person<br>in this  | s who respon  | equired to  | respond                                   | unless the                      |   | ned SEC   | 1474 (9-02)  |
| Reminder:  | Report on a s   | separate line for eacl  |  | Derivati                                       | ive S           | ecurities   | s Acqu   | Person<br>in this<br>display   | s who respon<br>form are not re<br>is a currently<br>osed of, or Bene   | equired to<br>valid OMB   | respond<br>control n                      | unless the                      |   | ned SEC   | 1474 (9-02)  |
| 1. Title of  | 2.<br>Conversion  | 3. Transaction  | Table II -  3A. Deemed Execution Date, if        | Derivati<br>(e.g., pu<br>4.<br>Transac<br>Code | ive S<br>ts, ca | ecurities<br>alls, warn   | s Acqu<br>rants, oper (per attive les (d (A) opsed | Person<br>in this<br>display<br>nired, Dispo   | s who respon<br>form are not read a currently<br>osed of, or Bene<br>convertible securer creations and<br>Date                                | equired to<br>valid OMB   | respond<br>control n<br>red<br>d Amount   | unless the<br>umber.            |   | of 10.<br>Owners<br>Form o<br>Derivat<br>Security<br>Direct (<br>or Indir | 11. Nat<br>of Indir<br>f Benefic<br>ive Owners<br>y: (Instr. 4 |
| 1. Title of<br>Derivative<br>Security  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative | 3. Transaction  | Table II -  3A. Deemed Execution Date, if any    | Derivati<br>(e.g., pu<br>4.<br>Transac<br>Code | ive S<br>ts, ca | ecurities<br>alls, warn<br>5. Numb<br>of Deriv<br>Securitie<br>Acquired<br>or Dispo<br>of (D)<br>(Instr. 3, | s Acquerants, oper (rative la (A)) ossed (A)       | Person in this sidisplay tired, Disposoptions, co  | s who respon form are not r s a currently  osed of, or Bene envertible secur ercisable and Date y/Year)  Expiration                           | equired to<br>valid OMB<br>eficially Ow<br>ities)  7. Title and<br>of Underly<br>Securities | respond<br>control n<br>red<br>d Amount   | 8. Price of Derivative Security | 9. Number<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported | of 10.<br>Owners<br>Form o<br>Derivat<br>Security<br>Direct (<br>or Indir | 11. Nat<br>of Indir<br>f<br>Benefic<br>owners<br>(Instr. 2     |

|   | Relationships |              |         |       |  |  |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address                                      | Director      | 10%<br>Owner | Officer | Other |  |  |
| BURRIS MICHELLE<br>1522 217TH PL SE, SUITE 100<br>BOTHELL, WA 98021 |               |              | CFO     |       |  |  |

### **Signatures**

| Sandra Thomson as attorney-in-fact for Michelle Burris | 01/05/2011 |
|--|------------|
| 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 options vest in equal monthly installments over 48 months.

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. |  |
|---|--|
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |