#### FORM 4

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

OMB APPROVAL							
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	e Responses)																
1. Name and Address of Reporting Person * BURRIS MICHELLE				2. Issuer Name and Ticker or Trading Symbol ONCOGENEX PHARMACEUTICALS, INC. [OGXI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner Officer (give title below) Other (specify below)					w)
(Last) (First) (Middle) 1522 217TH PL SE, SUITE 100				3. Date of Earliest Transaction (Month/Day/Year) 05/08/2012								CFO					
(Street)				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					
BOTHEL!	L, WA 980	(State)	(Zip)			То	ble I	Non I	Joriy	ativo Soguritio	s A cani						
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea		2A. Deemed 3. Execution Date, if Co		. Transaction 4. Code (A		Securities Acquired A) or Disposed of (D) nstr. 3, 4 and 5)		d 5. Amount of Se		of, or Beneficially Own securities Beneficially ing Reported		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership				
							Cod	e V	An	(A) or (D)	Price	de l			or Indirect (I) (Instr. 4)	(Instr. 4)	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	(e.g., puts, calls  4.		ls, warrants, of 5. Number		Expiration Date of (Month/Day/Year)			ficially (ities)  7. Title of Und Security	cially Owned		8. Price of Derivative Security (Instr. 5)	9. Number o Derivative Securities Beneficially Owned Following Reported	Owners Form of	Beneficia Ownershi (Instr. 4)
				Code	V	and 5)	(D)	Date Exerci	sable	Expiration Date	Title		Amount or Number of Shares		Transaction(s) (Instr. 4)		
Stock Option (right to buy)	\$ 13	05/08/2012		A		15,000		Ü	Ď	05/08/2022	Comi	mon	15,000	\$ 0	15,000	D	
Restricted Stock Units	(2)	05/08/2012		A		7,500		(3	<u>3)</u>	01/31/2016	Comi	mon	7,500	\$ 0	7,500	D	
Restricted Stock Units	(2)	05/08/2012		A		17,500		<u>(</u> 4	<u>4)</u>	04/30/2014	Com	mon	17,500	\$ 0	17,500	D	

### **Reporting Owners**

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

## **Signatures**

Sandra Thomson as Attorney-in-Fact for Michelle Burris	05/10/2012
**Signature of Reporting Person	Date

#### **Explanation of Responses:**

- $\star$  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 monthly installments over 48 months commencing January 1, 2012.
- (2) Each restricted stock unit represents a contingent right to receive one share of the issuer's Common stock.
- (3) The restricted stock units vest 25% annually on the later of: (i) each anniversary of January 1, 2012; and (ii) the first day thereafter during which the issuer's trading window is open.
- (4) The restricted stock units vest 100% on the later of (i) achievement of both the successful enrollment and release of data from certain clinical trials, and (ii) the first trading day thereafter on which the issuer's trading window is open.

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.