FORM 4

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

OMB APPROV	AL
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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

(Print or Ty	pe Response	S)																	
Name and Address of Reporting Person* Clendeninn Neil James				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 Officer (give title below) Other (specify below)							
(Las	*	(First) CE SE, SUITE 10	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/03/2012															
(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)				Table	I - Non	-Deriv	vative	Securiti	es Acquir	red, Dis	sposed	of, or Bene	ficially Owi	ied		
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Executi	Deemed ecution Date, is				(A	4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	f (D) Owned Transac		Amount of Securities Beneficially wned Following Reported ansaction(s) astr. 3 and 4)		6. Ownership Form: Direct (D)	p of l Ber	7. Nature of Indirect Beneficial Ownership	
				(Wolling	/Дау/	r i cai j	Со	de	V Aı	nount	(A) or (D)	Price	(IIISII	3 and 4,)		or Indirect (I) (Instr. 4)		str. 4)
Common Stock 08/03/201		08/03/2012			M		3,	702	A	\$ 4.1051	7,049		D						
	Report on a s	separate line for each	h class of securities	beneficia	lly ow	wned d	lirectly	Pe	erson	s who						tion contai	ned SE	C 147	4 (9-02)
	Report on a s	separate line for each	h class of securities h	- Derivat	tive S	ecurit	ies Ac	Pe in dis	erson: this f splay	s who form a s a cu	re not rrently , or Ben	required valid Of eficially (to res MB cor	spond on ntrol n	unless the		ned SE	C 147	4 (9-02)
Reminder:	·	separate line for each			tive S	ecurit	ies Ac	Pe in dis	erson: this f splay	s who form a s a cu	re not rrently , or Ben	required valid Of eficially (to res MB cor	spond on ntrol n	unless the		ned SE	C 147	4 (9-02)
Reminder:	·	3. Transaction	Table II - 3A. Deemed Execution Date, if	- Derivat (e.g., pu 4. Transac Code	eive Sats, ca	ecurit	ies Ac arrant mber ative ities red sed	Pe in dis	this f splay Dispo ns, con Exerc	s who form a s a cu esed of nvertil isable	re not rrently , or Ben ble secu	required valid Of eficially (rities) 7. Title of Unde Securit	Owned and An erlying	spond ntrol n	unless the umber. 8. Price of		of 10. Owne Form Deriv Secur Director Inc	rship of ative ity: t (D) irect	11. Natur of Indire Beneficia Ownersh (Instr. 4)
Reminder: 1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if any	- Derivat (e.g., pu 4. Transac Code	tive Solution	Securit Securit Securit Securit Acquir (A) or Of (D) Securit Acquir (A) or Of (D) (Instr. and 5)	ies Ac arrant mber ative ities red sed	quired, ts, optio 6. Date Expirat	erson: this f ssplay Dispo ns, col Exerc ion Da //Day/*	s who form a s a cu seed of nvertil isable ate Year)	re not irrently, or Ben ole seculand	required valid Of eficially (rities) 7. Title of Unde Securit	Owned and An erlying ies 3 and 4) An or	mount mount munt munt munt munt r Jumber	8. Price of Derivative Security	9. Number Derivative Securities Beneficiall Owned Following Reported Transaction	of 10. Owne Form Deriv Secur Direc or Inc (s) (I)	rship of ative ity: t (D) irect	11. Natur of Indire Beneficia Ownersh

Reporting Owners

D (1 0 N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Clendeninn Neil James 1522 217TH PLACE SE SUITE 100 BOTHELL, WA 98021	X					

Signatures

Sandra Thomson as attorney-in-fact for Neil Clendeninn	08/07/2012
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).

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.