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

OMB APPI	ROVAL
OMB Number:	3235

-0287 Estimated average burden hours per response...

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)																	
Name and Address of Reporting Person* JACOBS CINDY				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)						
(Last) (First) (Middle) 1522 217TH PLACE SE, SUITE 100					3. Date of Earliest Transaction (Month/Day/Year) 09/17/2014										E	VP, CMO		
(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					
BOTHELI (City)		(State)	(Zip)														_	
		(T			_		-							icially Owne		
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)			Date, if	f Code (Inst	(Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)			f (D) Owned Follow Transaction(s)		Securities Beneficially ing Reported		6. Ownership Form:	7. Nature of Indirect Beneficial	
				(Month/Day/Yea		y/Yeaı		ode	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common S	Stock		09/17/2014				1	M		4,950 (1)	A	\$ 0	48,205				D	
Common Stock 09/19/2014			09/19/2014				F		1,310 (2)	D	\$ 3.06	46,89	46,895			D		
			Table II -	Derivati	ive S	Securi	ties Ac	ir a	this curre	form are ently val	e not re lid OMB	quired contr	d to re	spond u nber.		on containe form displa		1474 (9-02)
	1					alls, w	arrant	s, opti	ons, co	onvertibl	le securi	ties)			1	1		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	sion Date (Month/Day/Year) a f	3A. Deemed Execution Date, if any (Month/Day/Year	f Transaction of Code Do (Instr. 8) Se Ac (A Di of (Instr. 8)		of Deriv Secu Acqu (A) of Disp of (E	osed 0) r. 3, 4,	Expiration (Month/Day				7. Title and Amour of Underlying Securities (Instr. 3 and 4)		ng 4)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersl Form of Derivati Security Direct (I or Indire	Ownershi (Instr. 4) D) ect
				Code	v	(A)	(D)	Date Exerc	isable	Expirati	ion Date	Title		Amount or Number of Shares				
Restricted Stock Unit (RSU)	(3)	09/17/2014		М			4,950	1	<u>(4)</u>	07/01/	′2015 <mark>⁽⁵</mark>	1	nmon ock	4,950	\$ 0	13,400	D	

Reporting Owners

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

Signatures

Sandra Thomson as attorney-in-fact for Cindy Jacobs	09/19/2014
**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) Represents shares of common stock acquired upon settlement of the restricted stock units ("RSUs") listed in Table II.
- (2) Represents shares of common stock that have been withheld by the issuer to satisfy the tax liability in connection with the settlement of RSUs.
- (3) Each RSU represents a contingent right to receive one share of the issuer's common stock at settlement.
- (4) Pursuant to the terms of the RSU, the total underlying shares vest when certain performance criteria relating to the issuer are met.
- (5) The RSUs expire 30 days from the date they vest.

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.