FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average	burden
houre por roeponeo	0.5

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

1. Name ar Leversag		ddress of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol Aurinia Pharmaceuticals Inc. [AUPH]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner									
#1203-44	*	(First) KHAM STREET	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/14/2021			=	Officer (give	title below)	Other	(specify below)				
(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						
	IA, A1 V8										1 01111 11100 0 9 111	ore man one re	eporting reison		
(Cit	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
(Instr. 3)		2. Transaction Date (Month/Day/Yea	Execu r) any	Deemed ation Date	e, if Co	Transaction ode ode ostr. 8)	(/	4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		of (D) Owned Followin Transaction(s)		C F	orm: or	Beneficial	
				(Mon	th/Day/Y	ear)	Code	V A	(A) o	or	or Indi (I)		Oirect (D) Or Indirect (I) (Instr. 4)		
Reminder:	Report on a s	separate line for each	relass of securities c	-	ily Owlice	direct	Pe	rson			collection of				74 (9-02)
Reminder:	Report on a s	reparate fine for each		- Deriva	ative Sec	urities	Pe in a	erson: this f curre	form are not ntly valid OM osed of, or Be	required t MB control neficially O	o respond u number.				74 (9-02)
	•	•	Table II	- Deriva	ative Seco	urities	Acquired,	erson: this f curre Dispo	form are not ntly valid OM osed of, or Be nvertible secu	required t MB control neficially Ourities)	o respond u number.	nless the t	form display	s	, ,
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction Date	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., p 4. Transac Code	sative Sections, calls 5. N of D Section of D Section of O of (I	urities y, warranger fumber perivatival perival perivatival perivatival perivatival perivatival perivatival perivatival perivatival perivatival perivatival perivatival perivatival perivatival perivatival perivatival perival perivatival perivatival perivatival perivatival perivatival perivatival perivatival perivatival perivatival perivatival perivatival perivatival perivatival perivatival perivati	Acquired, ants, option 6. Date Expirat (Month	Dispons, co	form are not ntly valid OM osed of, or Ben nvertible secu- cisable and ate	required t MB control neficially Ourities)	to respond unumber. wned I Amount of g Securities	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indired Beneficial 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	- Deriva (e.g., p 4. Transac Code	ative Sections, calls 5. Notion of E Section Acq or E of (I (Institute of the section)	urities y, warr: umber verivativ urities uired (Abisposed D) tr. 3, 4, 5)	Acquired, ants, option (Month	Dispons, co Exercion Day/	form are not ntly valid Off or Bei nvertible secutions and ate Year)	required t MB control neficially Or rities) 7. Title and Underlying	to respond unumber. wned I Amount of g Securities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indired Beneficial Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Leversage Jill #1203-4464 MARKHAM STREET VICTORIA, A1 V8Z7X8	X					

Signatures

/s/ Jill Leversage	06/16/2021
**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).
- ($\bf{1}$) The option vests in twelve equal monthly installments commencing on July 14, 2021.

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.