FORM 4

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

OMB APPROVAL				
OMB Number:	3235-0287			
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houre por roeponeo	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 Ty	pe reesponse	/												
1. Name and Address of Reporting Person* Jayne David R.W.			2. Issuer Name and Ticker or Trading Symbol Aurinia Pharmaceuticals Inc. [AUPH]				5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner						
(Last) (First) (Middle) #1203-4464 MARKHAM STREET			3. Date of Earliest Transaction (Month/Day/Year) 06/14/2021					-	Officer (give	title below)	Othe	(specify below		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					<i>6</i>	6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
VICTOR (Cit	SIA, A1 V8	(State)	(Zip)				Table L - Non-Derivative Securities Acqu				uired, Disposed of, or Beneficially Owned			
(Instr. 3) Date		2. Transaction Date (Month/Day/Yea	Execu any	Deemed cution Date, if onth/Day/Year)		ransaction le	4. Securities A (A) or Dispose (Instr. 3, 4 and	cquired 5. Amount of S Owned Followi		Securities Beneficially ing Reported		5. Ownership	Beneficial Ownership	
							Code V	Amount (A)					111541. 1)	
Reminder:	Report on a	separate fine for each	r crass or securities c		ii) omiioa c									
Reminder:	Report on a s	separate file for each		- Deriv	ative Secur	ities A	Perso in this a curr cquired, Dis	ons who respons form are not rently valid Ol posed of, or Be convertible sec	required MB contro	to respond u Il number.				474 (9-02)
1. Title of	·	3. Transaction Date	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., p 4. Transac Code	ative Secur outs, calls, v 5. Nur of Der Securi	nber ivative ties eed (A)	Perso in this a curred, Dis its, options, 6. Date Exe Expiration (Month/Da	ons who respons form are not rently valid Oleposed of, or Be convertible securities and Date	required MB contro neficially Courities) 7. Title and	to respond unit number. Dwned d Amount of g Securities	8. Price of		f 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Naturip of Indire Benefici e Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II 3A. Deemed Execution Date, if any	- Deriva (e.g., p 4. Transac Code	sative Secures 5. Number of Des Secure 1) Acquired or Disconficion (Instr.	nber ivative ties eed (A)	Perso in this a curred, Dis its, options, 6. Date Exe Expiration (Month/Da	ens who response form are not rently valid Ol posed of, or Beconvertible securicisable and Date y/Year)	required MB contro neficially Courities) 7. Title and Underlying	to respond unit number. Dwned d Amount of g Securities	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported	f 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Naturip of Indire Benefici e Ownersh (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Jayne David R.W. #1203-4464 MARKHAM STREET VICTORIA, A1 V8Z7X8	X				

Signatures

/s/ David R.W. Jayne, M.D.	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.