FORM 4

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

OIVIB APPROVAL						
OMB Number:	3235-028					
Estimated average burden						
hours per response	0.					

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

(Print or Type Responses)

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

Name and Address of Reporting Person Billen Daniel			2. Issuer Name and Ticker or Trading Symbol Aurinia Pharmaceuticals Inc. [AUPH]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner Officer (give title below) Other (specify below)							
(Last) (First) (Middle) #1203-4464 MARKHAM STREET				3. Date of Earliest Transaction (Month/Day/Year) 06/14/2021										-		
(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											_ roini inca by ivi	ore than one re	eporting reison		
(Cit	ty)	(State)	(Zip)			-	Tabl	e I - Non-D	erivative Sec	ırities Acq	quire	d, Disposed o	f, or Benef	icially Owned		
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea			on Date, if Coo (Ins Day/Year)		ransaction e tr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Owned Following Reported Transaction(s)		ı Č	wnership of	. Nature of Indirect Beneficial		
							ode V		.) or D) Price		nstr. 3 and 4)			r Indirect (D) (In (D)		
			Table II					a cui cquired, Di	s form are n rently valid sposed of, or l convertible s	OMB con Beneficiall	trol	number.	nless the f	form display	S	
1. Title of Derivative Security (Instr. 3)	Conversion	xercise (Month/Day/Year) any (Month/Day/Year) (Month/Day/Year)	Execution Date, if	4. 5. Transaction of Code Se (Instr. 8) Ac or of (Ir		5. Number		6. Date Ex Expiration (Month/Da	ercisable and Date	7. Title Underl	7. Title and Amo Underlying Secu (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)
				Code	V	(A)	(D)	Date Exercisabl	Expiration Date	Title		Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option (right to buy)	\$ 12.86	06/14/2021		A	3	31,347		(1)	06/14/203	Comm Shar		31,347.00	\$ 0	31,347	D	

Reporting Owners

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

Signatures

/s/ Daniel Billen, Ph.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.