| FORM | 4 |
|-------------|---|
|-------------|---|

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

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 Responses) | | | | | | | | | | | |
|--|---|--|--------------|-------------|----------|--|--|--|--------------------|-------------------------|--|
| 1. Name and Address of Repo Solomons Neil | 2. Issuer Name and Ticker or Trading Symbol Aurinia Pharmaceuticals Inc. [AUPH] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
| (Last) (First #1203-4464 MARKHAN | · · · · · · · · · · · · · · · · · · · | 3. Date of Earliest Transaction (Month/Day/Year) 08/25/2021 | | | | | | X Officer (give title below) Other (specify below) Chief Medical Officer | | | |
| (Stree VICTORIA, A1 V8Z7X | 4. If Amendment, 1 | Date Origi | nal Fi | iled(Month/ | Day/Yea | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | |
| (City) (State | e) (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Date, if | (Instr. 8) | ction | (A) or D | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | Ownership Form: | Beneficial Ownership | |
| | | | Code | v | Amount | (A) or (D) | Price | | (I) (Instr. 4) | (Insu'. 4) | |
| Common Stock | 08/25/2021 | | S <u>(1)</u> | | 5,000 | D | \$ 15.85 | 137,299 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information

SEC 1474 (9-02)

contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
|--|-------------|------------------|--------------------|------------|----|--------|-------|---------------------|------------|----------------------------|--------|-------------|----------------|-------------|-------------|---|------------|
| 1. Title of | 2. | 3. Transaction | 3A. Deemed | 4. | | 5. | | 6. Date Exer | cisable | 7. Tit | le and | 8. Price of | 9. Number of | 10. | 11. Nature | | |
| Derivative | Conversion | Date | Execution Date, if | Transacti | on | Numl | ber | and Expiration Date | | Expiration Date Amount of | | Derivative | Derivative | Ownership | of Indirect | | |
| Security | or Exercise | (Month/Day/Year) | any | Code | | of | | (Month/Day/Year) | | Month/Day/Year) Underlying | | Security | Securities | Form of | Beneficial | | |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | | Deriv | ative | Ì Í | | Securities | | (Instr. 5) | Beneficially | Derivative | Ownership | | |
| | Derivative | | | | | Secur | | 1 | | (In | | (Instr | : 3 and | | | 2 | (Instr. 4) |
| | Security | | | | | Acqu | | | | 4) | | | 0 | Direct (D) | | | |
| | | | | | | (A) o | | | | | | | 1 | or Indirect | | | |
| | | | | | | Dispo | | | | | | | Transaction(s) | < / < | | | |
| | | | | | | of (D | · | | | | | | (Instr. 4) | (Instr. 4) | | | |
| | | | | | | (Instr | | | | | | | | | | | |
| | | | | | | 4, and | 15) | | | | | | | | | | |
| | | | | | | | | | | | Amount | | | | | | |
| | | | | | | | | Date | Expiration | | or | | | | | | |
| | | | | | | | | Exercisable | | Title | Number | | | | | | |
| | | | | | | | | Excicisable | Date | | of | | | | | | |
| | | | | Code | V | (A) | (D) | | | | Shares | | | | | | |

Reporting Owners

| | Relationships | | | | | | |
|---|---------------|--------------|-----------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Solomons Neil #1203-4464 MARKHAM STREET VICTORIA, A1 V8Z7X8 | | | Chief Medical Officer | | | | |

Signatures

| /s/ Neil Solomons, M.D. | 08/25/2021 |
|---------------------------------|------------|
| **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).
- (1) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 28, 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.