## FORM 4

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

	OMB	APPRO	VAL

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# 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 Response	s)																
Name and Address of Reporting Person *  Martin Michael Robert				2. Issuer Name and Ticker or Trading Symbol Aurinia Pharmaceuticals Inc. [AUPH]							1	5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) #1203-4464 MARKHAM STREET				3. Date of Earliest Transaction (Month/Day/Year) 11/01/2021							ar)		X Officer (give title below) Other (specify below)  Chief Business Officer					
VICTOR	IA, A1 V8	(Street)		4. If Ar	nendme	nt, Da	te Or	iginal Fi	iled(	Month/Day	Year)		. Individual or X_Form filed by O _Form filed by M	ne Reporting P	erson	Applicable Lir	e)	
(Cit		(State)	(Zip)				Table	e I - Nor	n-D	erivative	Securi	ities Acquir	ed, Disposed o	f, or Benef	icially Owne	d		i
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year					e, if	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Form:	7. Nature of Indirec Beneficial	Indirect eneficial		
				(Month/Day/Year)		(ear)	Code		V	Amount	(A) or (D)		or Indire (I)		Direct (D) or Indirect (I) (Instr. 4)	Ownershi (Instr. 4)	р	
Common	Stock		11/01/2021				M			45,000	A	\$ 3.2	221,861		D			
Common	Stock		11/01/2021				S	2)		45,000	D	\$ 31.64	176,861			D		
			Table II					in a c	thi: cur Dis	s form a rently va sposed of	re not alid Ol	required to the required to the required to the requirement of the req					C 1474 (9-02	-)
1. Title of	2	3. Transaction	3A. Deemed	(e.g., p 4.		<b>ls, wa</b> Numb				converti			I Amount of	9 Pring of	9. Number	of 10.	11. Na	otue
Derivative Security (Instr. 3)	Conversion	Date	Execution Date, if	Transac Code	tion of Second or of (In		ative es d (A) sed	Expirat	ion	n Date Underly		Underlying	Title and Amount of nderlying Securities nstr. 3 and 4)		Derivative Securities Beneficially Owned Following Reported Transaction(s	Owners Form of Derivat Securit Direct of or India (s) (I)	ship of Ind Beneficive Owner y: (Instr.	irec icia rshi
				Code	V (A	(1)	D)	Date Exercis	sable	Expirat Date	tion	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4	+)	
Stock Option (right to buy)	\$ 3.20 (1)	11/01/2021		M		45,	000	<u>(4</u>	)	02/09	/2027	Commor Stock	45,000.00	\$ 0	0	D		
Repor	ting O	wners																

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Martin Michael Robert #1203-4464 MARKHAM STREET VICTORIA, A1 V8Z7X8			Chief Business Officer				

### **Signatures**

/s/ Michael Robert Martin	11/03/2021
**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) Converted to U.S. dollars based on the average daily exchange rate of the Bank of Canada reported on the grant date.

- (2) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- The price in column 4 is a weighted average price. These shares were sold in multiple transactions ranging from \$31.70 to \$31.74, inclusive. The reporting person undertakes to provide to the (3) Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range.
- (4) The shares subject to the option are fully vested and immediately exercisable. They vested in thirty-six equal monthly installments from the grant date.

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.