## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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)																
1. Name and Address of Reporting Person* MacKay-Dunn R. Hector					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) 03/09/2022						-	Office	r (give title belo	w)	Other (specif	y belov	w)	
(Street)				4. If	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						
VICTOR	IA, A1 V8	8Z7X8										_			***************************************			
(City) (State) (Zip)					Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Execu			Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership or Form:		Beneficial
				(Mont	(Month/Day/Year)		de	V	V Amount (D) Price		ce	(Instr. 3 and 4)			· /		wnership nstr. 4)	
Common	Stock		03/09/2022			P			5,000	A	\$ 10.9	997	11,000			D		
			Table II -		ative Securi		quire	con the	ntained i form dis Disposed	n this f splays of, or B	orm a cui	are irrent	not requ tly valid		ormation spond unle rol numbe	ss	C 147	74 (9-02)
	I_		la. n		outs, calls, w		s, op							0.71.0		2 10		44.37
1. Title of 2. Derivative Conversio or Exercis (Instr. 3) Price of Derivative Security		3. Transaction Date (Month/Day)	Year) Execution D	ate, if	4. Transaction Code Year) (Instr. 8)		Number		. Date Exercisable nd Expiration Date Month/Day/Year)		A U S	Amou Inder Secur Instr.	. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owne Form Deriva Securi Direct or Ind	of ative ty: (D) irect	Beneficial Ownershij (Instr. 4)
					Code V	(A)	(D)	Dat Exe		Expirat Date	ion T		Amount or Number of Shares					

#### **Reporting Owners**

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

### **Signatures**

/s/ R. Hector MacKay-Dunn, Q.C.	03/11/2022
**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).

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.