

(Print or Type Responses)

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

OMB APPROVAL					
OMB Number:	3235-0104				
Estimated average burden					
nours per respons	se 0.5				

INITIAL STATEMENT OF 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* Balakrishnan Brinda		2. Date of Event Requiring Statement (Month/Day/Year) 06/14/2021			3. Issuer Name and Ticker or Trading Symbol Aurinia Pharmaceuticals Inc. [AUPH]								
#1203-4464 MAI	(First) RKHAM ST	(Middle) REET	- 00/14/2021 -			Issuer	Issuer (Check all applicable)				5. If Amendment, Date Original Filed(Month/Day/Year)		
VICTORIA, A1	(Street) V8Z 7X8					X Director Officer (give t					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned										
(Instr. 4)			Ве	2. Amount of Securities Beneficially Owned (Instr. 4)		Fo (D (I)	orm: Direct O) or Indirect	4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													
1. Title of Derivative (Instr. 4)	Security	ane	2. Date Exercisable and Expiration Date (Month/Day/Year)			•	ive	Price of Derivative	5. Ownership Form of Derivative Security: Direc	f ive /: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Da Ex	ate cercisable	Expiration Date	Title	Amount or Number of Shares		Security	(D) or In (I) (Instr. 5				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Balakrishnan Brinda #1203-4464 MARKHAM STREET VICTORIA, A1 V8Z 7X8	X					

Signatures

/s/ Brinda Balakrishnan, M.D., Ph.D	06/17/2021
**Signature of Reporting Person	Date

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(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.