FORM	4
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#### 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 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) #1203-4464 MARK	(First) CHAM STREET		3. Date of Earliest Transaction (Month/Day/Year) 09/10/2021						X_Officer (give title below)Other (specify below) Chief Medical Officer			
VICTORIA, A1 V8	(Street)		4. If Amendment, Da	ate Original	Filed	Month/Day/Y	ear)		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 Acquired, Disposed of, or Beneficially Owned									
1. Title of Security     2. Transaction       (Instr. 3)     Date       (Month/Day/Yet)			Execution Date, if any	(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)	6. Ownership Form:	Beneficial	
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Shares		09/13/2021		М		150,000	А	\$ 3.2 (1)	287,299	D		
Common Shares 09/10/2021		09/10/2021	09/13/2021	S <sup>(2)</sup>		150,000	D	\$ 19.84 ( <u>3)</u>	137,299	D		

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

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

	(e.g., puts, calls, warrants, options, convertible securities)														
	Conversion	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	tion )	Der Sec Acq or I (D)	ivative urities urities (A) Disposed of tr. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		5. Date Exercisable and Expiration Date7. Title and Amount of Underlying Securities		Derivative Security (Instr. 5)	Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D) or Indirect (I)	Beneficial
				Code	v	(A)	(D)	Date Exercisable	Expiration Date		Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option (right to buy)	\$ 3.20 (1)	09/13/2021		М			150,000	<u>(4)</u>	02/09/2027	Common Stock	150,000.00	\$ 0	2,000	D	

## **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.	09/14/2021
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 purchased in multiple transactions ranging from \$19.77 to \$19.89, inclusive. The reporting person undertakes to provide to (3) the 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 purchased at each separate

(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.

price within the range.

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.