## FORM 4

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

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OMB Number:	3235-028						
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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

Name and Address of Reporting Person*  Solomons Neil				2. Issuer Name and Ticker or Trading Symbol Aurinia Pharmaceuticals Inc. [AUPH]								5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				
(Last) (First) (Middle) #1203-4464 MARKHAM STREET				3. Date of Earliest Transaction (Month/Day/Year) 11/01/2021									X Officer (give title below) Other (specify below)  Chief Medical Officer				
(Street) VICTORIA, A1 V8Z7X8				4. If Amendment, Date Original Filed(Month/Day/Year)									6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(Cit		(State)	(Zip)				Tabl	e I - No	on-D	erivative	Securi	ties Acquir	red, Disposed o	of, or Benef	icially Owne	d	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		(A) or Disposed (Instr. 3, 4 and 5		of (D) Owned Follow Transaction(s) (Instr. 3 and 4)				6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership				
						Code		V	Amount	(A) or (D)	Price				(I) (Instr. 4)		
Common	non Stock 11/01/2021		11/01/2021			М			45,000	A	\$ 5.3 (1)	182,299			D		
Common	Common Stock 11/01/2021					S <sup>(2)</sup>			45,000	D	\$ 31.64 (3)	137,299			D		
Reminder:	Report on a s	eparate line for each	n class of securities b	- Deriva	ative	Securi	ties Ac	P ir a cquired	Person thing cur	ons who s form a rently va sposed of	ire not alid ON	required MB contro					1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		e Execution Date, if		4. 5. Num Transaction of Deriv Code Securiti			hber de		ns, convertible secu Exercisable and on Date Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownersl Form of Derivati Security Direct (I or Indirects)	Owners (Instr. 4
				Code	v	(A)	(D)	Date Exerci	isabl	Expirat Date	tion	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	)
Stock Option (right to buy)	\$ 5.30 (1)	11/01/2021		M		4:	5,000	<u>(</u>	<u>4)</u>	02/01	/2028	Common Stock	45,000.00	\$ 0	130,000	D	

	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.	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 purchased in multiple transactions ranging from \$31.50 to \$31.74, inclusive. The reporting person undertakes to provide (3) to 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
- (3) to 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 price within the range.
- (4) The shares subject to the option vest 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.