## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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hours per response... 0.5

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 * Leversage Jill				2. Issuer Name and Ticker or Trading Symbol Aurinia Pharmaceuticals Inc. [AUPH]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director 10% Owner Officer (give title below) Other (specify below)				
(Last) (First) (Middle) #1203-4464 MARKHAM STREET				3. Date of Earliest Transaction (Month/Day/Year) 12/13/2021										
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 Person Form filed by More than One Reporting Person				
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					s Acqui	nired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date, if any	f Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Reported Transaction(s)		Ownership Form:	Beneficial		
				(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	nstr. 3 and 4)			Ownership (Instr. 4)
Common	Stock		12/13/2021		P		1,600		*	5,300			D	
Reminder: F	Report on a s	eparate line fo	r each class of secu	rities beneficially o	wned direc	Pers	ons wh	o respo			ction of inf			1474 (9-02)
Reminder: F	Report on a s	eparate line fo	Table II -	Derivative Securit	ties Acquir	Personn cont the	sons wh tained in form dis	no respo n this fo splays a of, or Be	orm are curre neficial	not requesting noting valid	uired to res	spond unle	ess	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2.	3. Transaction Date (Month/Day/	Table II -  1 3A. Deemed Execution Day	•	ties Acquir arrants, o	Personne the following the fol	sons wh tained in form dis	no responship this for splays a sof, or Bertible securisable on Date	neficial urities) 7. Ti Amo	not requesting noting valid	OMB conf	spond unle	of 10. Owners Form of Derivati Security Direct ( or Indire	11. Nat of Indir Benefic Owners (Instr. 2

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Leversage Jill #1203-4464 MARKHAM STREET VICTORIA, A1 V8Z7X8	X					

### **Signatures**

/s/ Jill Leversage	12/15/2021
**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).
- The price in column 4 is a weighted average price. These shares were purchased in multiple transactions ranging from \$20.02 to \$20.09, inclusive. The reporting person (1) undertakes to provide 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.

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.