FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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

| (Print or Ty | pe Response | S) | | | | | | | | | | | | | |
|-------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|--------------------------------------------------------------------|
| 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 | | | | | | |
| (Last) (First) (Middle) #1203-4464 MARKHAM STREET | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/29/2021 | | | | | Office | r (give title belo | ow) | Other (s | pecify belo | w) | | |
| (Street) | | | | 4. If Amendment | 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 | | | | | | | | Form file | ed by More than | One Reporti | ng Person | | |
| (City | ") | (State) | (Zip) | Т | able I - N | on-D | erivative | Securi | ties Acq | uired, Dispo | osed of, or I | Beneficial | ly Owne | d | |
| (Instr. 3) Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. 8) | | 4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5) | | | | | 6. Owners Form: Direct (| hip Indi Ben | 7. Nature of Indirect Beneficial Ownership | | |
| | | | (Month/Day/Year) | Code | V | Amount | (A) or (D) | Price | (msu. 3 ai | 1. 3 and 4) | | | ect (Ins | (Instr. 4) | |
| Common Shares | | 01/29/2021 | | P | | 400 | A | \$ 16.03 (1) | 400 | | I | By | ouse | | |
| Common Stock | | 01/29/2021 | | P | | 1,200 | A | \$ 16.03 | 1,200 | | D | | | | |
| Common Shares | | | | | | | | | 1,000 (2) | | | I | Wo | elburne | |
| Reminder: | Report on a s | separate line t | for each class of sect | urities beneficially o | owned dire | Per | rsons wh ntained i | no res n this | form a | re not requ | ction of inf lired to res OMB conf | spond un | less | SEC 14 | 74 (9-02) |
| | | | Table II | Derivative Securi (e.g., puts, calls, w | ties Acqui arrants, o | red, l | Disposed is. conver | of, or l | Beneficia ecurities | ally Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transactic Date (Month/Day | Execution D | | 5. | 6. and (M | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. A U U Se (Ii | | 7. An Un Sec | Fitle and nount of derlying curities str. 3 and 8. Price of Derivative Security (Instr. 5) | | Derivativ Securities Beneficia Owned Following Reported | rivative urities Form reficially ned Seculowing orted or Innsaction(s) (I) | | 11. Nature of Indirect Beneficial Ownershij (Instr. 4) |
| | | | | Code V | (A) (D | | ite ercisable | Expira Date | ntion Tit | Amount or Number of Shares | | | | | |

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 | 02/02/2021 |
|---------------------------------|------------|
| **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 purchase date.
- (2) The shares were inadvertently reported as direct by the reporting person in the previously filed Form 3.

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.