FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
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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

1. 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) 03/12/2021							ar)		X Officer (give title below) Other (specify below) Chief Medical Officer				
(Street) VICTORIA, A1 V8Z7X8				4. If Amendment, Date Original Filed(Month/Day/Year)							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				
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acqui						ties Acquir	ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea		2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		4. Securities Ac (A) or Disposed (Instr. 3, 4 and 5		of (D) Owned Follow)		6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership				
							Co	ode V Amount (D) Price			(I) (Instr. 4)						
Common	Stock		03/12/2021				N	М		40,000	A	\$ 3.02	227,299]	D	
Common	fommon Stock 03/12/2021		03/12/2021			Š	S		40,000	D	\$ 13.49 (2)	187,299		1	D		
Reminder:	Report on a s	separate line for each	a class of securities b	- Deriva	ative	Securi	ties Ac	F ii a cquired	Person thing cur	ons who is form a rently va sposed of	ire not alid ON	required for the second reduced for the secon					1474 (9-02)
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Year)	Execution Date, if	4. Transac Code	Fransaction of Derivative Expir Code Securities (Mon		Pate Exercisable and iration Date 7. Title a Underly			7. Title and	d Amount of g Securities (d 4)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(Ownersh Form of Derivati Security Direct (I or Indirects)	Ownersh (Instr. 4)		
				Code	V	(A)	(D)	Date Exerc	isabl	Expirate Date	tion	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option (right to buy)	\$ 3.02 (1)	03/12/2021		M		40	0,000	(<u>(3)</u>	03/30	/2021	Common Stock	1 40,000.00	\$ 0	0	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.	03/15/2021
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).
- (1) Converted to U.S. dollars based on the average daily exchange rate of the Bank of Canada reported on the grant date.

- The price in column 4 is a weighted average price and were converted to U.S. dollars based on the average daily exchange rate of the Bank of Canada reported on the sold date. These shares (2) were sold in multiple transactions ranging from \$13.34 to \$13.64, inclusive. The reporting person 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.
- (3) The shares subject to the option are fully vested and immediately exercisable. They vested in twelve 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.