FORM 4

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

OMB APPR	ROVAL
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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

(Print or Type Responses) 1. Name and Address of Reporting Person *			2. Issuer Name and Ticker or Trading Symbol					5. F	5. Relationship of Reporting Person(s) to Issuer						
Bejar Rafael			Aptose	Bios	sciences	Inc.	[APTO]			(Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O APTOSE BIOSCIENCES INC., 251 CONSUMERS ROAD, SUITE 1105				3. Date of Earliest Transaction (Month/Day/Year) 01/18/2022						X	X Officer (give title below) Other (specify below) Sr. VP, Chief Medical Officer				
TORONTO, A6 M2J 4R3			4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu						es Acquired	lired, Disposed of, or Beneficially Owned					
1.Title of Sec (Instr. 3)	curity		2. Transaction Date (Month/Day/Year	Execut any		oate, if Co		(1. Securities Acq A) or Disposed of Instr. 3, 4 and 5)	of (D) Own Trai	(D) Owned Followin Transaction(s)		O Fo	wnership orm: of B	. Nature f Indirect seneficial
				(Montr	(Month/Day/Ye		Code	. V	(A) or Amount (D)	Price	tr. 3 and 4)		or (I)	Indirect (I	wnership nstr. 4)
Reminder: Re	eport on a sep	parate line for each of	class of securities be	neficially	own	led directi	y or ii	Person	s who respon						174 (9-02)
Reminder: Re	eport on a sep	parate line for each o		- Derivat	tive S	ecurities	Acqu	Person in this a curre	form are not rently valid OMI	equired to B control n ficially Own	respond ur umber.				174 (9-02)
1. Title of Derivative	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date		- Derivat (e.g., pu 4. Transac Code	tive Solts, ca	ecurities alls, warra	Acquants, or of e	Person in this a curre ired, Dispo	form are not rently valid OME osed of, or Bene onvertible secur sercisable and a Date	equired to B control n ficially Own	respond unumber. ned d Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownershi Form of Derivative Security: Direct (D) or Indirec	11. Nature of Indire Beneficity Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II 3A. Deemed Execution Date, if any	- Derivat (e.g., pu 4. Transac Code	tive Solts, ca	ecurities alls, warr. 5. Numbe Derivative Securities Acquired or Dispos (D) (Instr. 3, 4	Acquants, or of ee (A) ed of	Person in this a curre options, co	form are not rently valid OMI osed of, or Bene onvertible secur exercisable and a Date ay/Year) Expiration	ficially Own ficially Own fities) 7. Title and of Underly Securities	respond unumber. ned d Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownershi Form of Derivative Security: Direct (D) or Indirec	11. Natu of Indire Benefici Ownersh (Instr. 4)

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Bejar Rafael C/O APTOSE BIOSCIENCES INC. 251 CONSUMERS ROAD, SUITE 1105 TORONTO, A6 M2J 4R3			Sr. VP, Chief Medical Officer			

Signatures

/s/ Janet Clennett as attorney-in-fact for Rafael Bejar	01/20/2022
**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) Fifty percent (50%) of the options vest on 1/18/2023; the remaining 50% vest as follows: 1/3 on 1/18/2024; 1/3 on 1/18/2025; and 1/3 on 1/18/2026.

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.