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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					or S	ectio	on 30(h	n) of the	e Investi	ment (Company Act	of 1940							
Name and Address of Reporting Person* PERCEPTIVE ADVISORS LLC					2. Issuer Name and Ticker or Trading Symbol Athenex, Inc. [ATNX]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 09/12/2019								Officer (give title Other (specify below) below)						
51 ASTOR PLACE, 10TH FLOOR				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applic									Applicable					
(Street) NEW YORK NY 10003												Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person							
(City)	(S	tate) (2	Zip)																
		Tabl	e I	- Non-Deriv	ative	e Se	curit	ties A	cquire	ed, D	isposed o	f, or E	Benefi	ciall	y Own	ed			
1. Title of S	Security (Ins	str. 3)		2. Transaction Date (Month/Day/Ye	ear) i	Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		and Securit Benefit Owned		es ially	6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price					tr. 4)	(Instr. 4)
Common	Stock			09/12/201	.9				P		13,584	A	\$14.	05(1)	10,64	48,829		I	See Footnote ⁽³⁾
Common Stock 09/1			09/13/201	19						56,416	A	\$14.	27(2)	10,705,245			I	See Footnote ⁽³⁾	
		Та	ble	II - Derivat e.g., pı							posed of, convertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversior or Exercise Price of Derivative Security		Exe if a	. Deemed ecution Date,	4. Trans	sactio	5. on of tr. De Se Ac (A Di of	Numbe	er 6. Da Expi (Mor s	ate Exe	ercisable and			8. of De Se (II	Price erivative ecurity nstr. 5)	derivative Securities rity Beneficia		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4)	Beneficial Ownership
					Code	,	V (A	a) (D)	Date Exer	cisabl	Expiration e Date	Title	Amou or Numb of Shares	er					
		of Reporting Person		<u>.C</u>	,							,	,			,		,	
(Last) 51 ASTO	OR PLACE	(First) , 10TH FLOOR		(Middle)															
(Street) NEW YO)RK	NY		10003															
(City)		(State)		(Zip)															

PERCEPTIVE LIFE SCIENCES MASTER FUND LTD (Last) (First) (Middle) C/O PERCEPTIVE ADVISORS LLC 51 ASTOR PLACE, 10TH FLOOR (Street) NEW YORK NY 10003 (City) (State) (Zip) 1. Name and Address of Reporting Person* EDELMAN JOSEPH (Last) (First) (Middle) C/O PERCEPTIVE ADVISORS LLC 51 ASTOR PLACE, 10TH FLOOR (Street) NEW YORK NY 10003	4 Name and Add	*						
Comparison of the comparison	1. Name and Address of Reporting Person							
(Last) (First) (Middle) C/O PERCEPTIVE ADVISORS LLC 51 ASTOR PLACE, 10TH FLOOR (Street) NEW YORK NY 10003 (City) (State) (Zip) 1. Name and Address of Reporting Person EDELMAN JOSEPH (Last) (First) (Middle) C/O PERCEPTIVE ADVISORS LLC 51 ASTOR PLACE, 10TH FLOOR (Street) NEW YORK NY 10003		LIFE SCIENC	ES WASTER					
C/O PERCEPTIVE ADVISORS LLC 51 ASTOR PLACE, 10TH FLOOR (Street) NEW YORK NY 10003 (City) (State) (Zip) 1. Name and Address of Reporting Person EDELMAN JOSEPH (Last) (First) (Middle) C/O PERCEPTIVE ADVISORS LLC 51 ASTOR PLACE, 10TH FLOOR (Street) NEW YORK NY 10003	FUND LTD							
C/O PERCEPTIVE ADVISORS LLC 51 ASTOR PLACE, 10TH FLOOR (Street) NEW YORK NY 10003 (City) (State) (Zip) 1. Name and Address of Reporting Person EDELMAN JOSEPH (Last) (First) (Middle) C/O PERCEPTIVE ADVISORS LLC 51 ASTOR PLACE, 10TH FLOOR (Street) NEW YORK NY 10003								
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(Street) NEW YORK NY 10003 (City) (State) (Zip) 1. Name and Address of Reporting Person* EDELMAN JOSEPH (Last) (First) (Middle) C/O PERCEPTIVE ADVISORS LLC 51 ASTOR PLACE, 10TH FLOOR (Street) NEW YORK NY 10003	C/O PERCEPTIVI	C/O PERCEPTIVE ADVISORS LLC						
NEW YORK NY 10003 (City) (State) (Zip) 1. Name and Address of Reporting Person* EDELMAN JOSEPH (Last) (First) (Middle) C/O PERCEPTIVE ADVISORS LLC 51 ASTOR PLACE, 10TH FLOOR (Street) NEW YORK NY 10003	51 ASTOR PLACE, 10TH FLOOR							
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51 ASTOR PLACE, 10TH FLOOR (Street) NEW YORK NY 10003	(Last)	(First)	(Middle)					
(Street) NEW YORK NY 10003	C/O PERCEPTIVE ADVISORS LLC							
NEW YORK NY 10003	51 ASTOR PLACE, 10TH FLOOR							
NEW YORK NY 10003								
	(Street)							
(City) (State) (Zip)	NEW YORK	NY	10003					
(City) (State) (Zip)								
	(City)	(State)	(Zip)					

Explanation of Responses:

- 1. The transaction was executed in multiple trades at prices ranging from \$14.01 to \$14.11. The price above reflects the weighted average price. Detailed information regarding the number of shares transacted at each separate price will be provided upon request by the Commission staff, the Issuer or a security holder of the Issuer.
- 2. The transaction was executed in multiple trades at prices ranging from \$13.77 to \$14.72. The price above reflects the weighted average price. Detailed information regarding the number of shares transacted at each separate price will be provided upon request by the Commission staff, the Issuer or a security holder of the Issuer.
- 3. The securities are directly held by Perceptive Life Sciences Master Fund Ltd. (the "Master Fund"). Perceptive Advisors LLC (the "Advisor") serves as the investment manager of Master Fund. Joseph Edelman is the managing member of the Advisor. Each of Mr. Edelman and the Advisor disclaims, for purposes of Section 16 of the Securities Exchange Act of 1934, beneficial ownership of such securities, except to the extent of his/its indirect pecuniary interest therein, and this report shall not be deemed an admission that either Mr. Edelman or the Advisor is the beneficial owner of such securities for purposes of Section 16 or for any other purposes.

Remarks:

/s/ Perceptive Life Sciences

Master Fund Ltd., By:
Perceptive Advisors LLC, its
investment manager By:
Joseph Edelman, its managing
member
s/ Perceptive Advisors LLC,
By: Joseph Edelman, its
managing member
/s/ Joseph Edelman
** Signature of Reporting Person

Master Fund Ltd., By:

09/16/2019

09/16/2019

109/16/2019

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.