VioQuest Pharmaceuticals, Inc. Form 3 February 18, 2010 **FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION** Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and A Person <u>*</u> MILLS V			2. Date of Event Requiring Statement (Month/Day/Year)	 3. Issuer Name and Ticker or Trading Symbol VioQuest Pharmaceuticals, Inc. [VOQP] 							
(Last)	(First)	(Middle)	02/09/2010	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)				
2550 KELL MEDINA,Â	(Street)			(Check X_ Director Officer (give title below	Other	Owner	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 - N	Non-Derivat	ive Securiti	es Be	neficially Owned				
1.Title of Secu (Instr. 4)	rity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr	•				
Common St	ock		0		D	Â					
Reminder: Rep owned directly			ach class of securities benefic	ially S	EC 1473 (7-02)					
	inforn requii	nation conta red to respo	pond to the collection of ained in this form are not and unless the form displ MB control number.	t							
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or	Derivative Security	Security: Direct (D) or Indirect	

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other MILLS WAYNE WILLIAM ÂX Â Â Â 2550 KELLER ROAD MEDINA, MNÂ 55356 Signatures /s/ Wayne W. 02/17/2010 Mills **Signature of Date Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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. 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.