

OMB APPROVAL	
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INITIAL STATEMENT OF 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 * <u>STAHLBERG JAN</u> _____ (Last) (First) (Middle) <u>C/O TRILL AB</u> <u>SVEAVAGEN 17, 18TH FLOOR</u> _____ (Street) <u>STOCKHOLM V7 111 57</u> _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>06/23/2023</u>	3. Issuer Name and Ticker or Trading Symbol <u>DiaMedica Therapeutics Inc. [DMAC]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Shares	4,021,608	I	See Footnote ⁽¹⁾

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 Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				

1. Name and Address of Reporting Person * <u>STAHLBERG JAN</u> _____ (Last) (First) (Middle) <u>C/O TRILL AB</u> <u>SVEAVAGEN 17, 18TH FLOOR</u> _____ (Street) <u>STOCKHOLM V7 111 57</u> _____ (City) (State) (Zip)
1. Name and Address of Reporting Person * <u>TRILL AB</u> _____ (Last) (First) (Middle) <u>C/O TRILL AB</u> <u>SVEAVAGEN 17, 18TH FLOOR</u> _____ (Street) <u>STOCKHOLM V7 111 57</u> _____ (City) (State) (Zip)

Explanation of Responses:

1. These shares are owned directly by Trill AB and indirectly by Jan Stahlberg in his capacity as the board member and sole owner of Trill AB. Jan Stahlberg has the sole power to vote and dispose of these shares.

/s/ Jan Stahlberg 06/27/2023

/s/ Jan Stahlberg, as Board Member of Trill AB 06/27/2023

** Signature of Reporting Person Date

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 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.

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.