

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

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person * <u>Von Koch Thomas</u> (Last) (First) (Middle) <u>BRAHEGATAN 10</u> <u>BOX 3676</u> (Street) <u>STOCKHOLM V7 103 59</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>DiaMedica Therapeutics Inc. [DMAC]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>07/23/2025</u>	
		4. If Amendment, Date of Original Filed (Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Shares	07/23/2025		P		2,857,142	A	\$3.5	8,383,577	I	See Footnote 1 ⁽¹⁾

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

1. Name and Address of Reporting Person *		
<u>Von Koch Thomas</u>		
 (Last) (First) (Middle)		
<u>BRAHEGATAN 10</u>		
<u>BOX 3676</u>		
 (Street)		
<u>STOCKHOLM</u>	<u>V7</u>	<u>103 59</u>
 (City) (State) (Zip)		

1. Name and Address of Reporting Person *		
<u>TomEnterprise AB</u>		
 (Last) (First) (Middle)		
<u>BRAHEGATAN 10</u>		
<u>BOX 3676</u>		
 (Street)		
<u>STOCKHOLM</u>	<u>V7</u>	<u>103 59</u>
 (City) (State) (Zip)		

1. Name and Address of Reporting Person *

[TomEnterprise Private AB](#)

(Last) (First) (Middle)

[BRAHEGATAN 10](#)
[BOX 3676](#)

(Street)
[STOCKHOLM](#) [V7](#) [103 59](#)

(City) (State) (Zip)

Explanation of Responses:

1. These shares are owned directly by TomEnterprise Private AB and indirectly by Thomas Von Koch in his capacity as the board member of TomEnterprise AB. Thomas Von Koch had the sole power to vote and dispose of these shares.

/s/ Thomas Von Koch	07/25/2025
/s/ Thomas Von Koch, as Board Member of TomEnterprise AB	07/25/2025
/s/ Thomas Von Koch, as Board Member of TomEnterprise Private AB	07/25/2025
** 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 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.