### FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB	APP	RO\	/AI

OMB Number:	3235-0287
Estimated average burder	1
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).

Check this box to indicate that a

### 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

purchase or sale issuer that is inter	ade pursuant to a on or written plan for the of equity securities of the ded to satisfy the e conditions of Rule			
1. Name and Address STAHLBERO	ss of Reporting Person*		2. Issuer Name and Ticker or Trading Symbol <u>DiaMedica Therapeutics Inc.</u> [ DMAC ]	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) 08/13/2025	Officer (give title Other (specify below)
C/O TRILL AB SVEAVAGEN	7, 18TH FLOOR		4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person
(Street)				X Form filed by More than One Reporting Person
STOCKHOLM	V7	111 57		
(City)	(State)	(Zip)		

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

1. Title of Security (Instr. 3)	Security (Instr. 3)  2. Transaction Date (Month/Day/Year)  (Month/Day/Year)  2. A. Deemed Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  8)				4. Securities A Disposed Of (D			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Shares	08/13/2025		P		293,601	A	\$5.9091	7,058,066	I	See Footnote <sup>(1)</sup>
Common Shares	08/14/2025		P		70,414	A	\$5.992	7,128,480	I	See Footnote <sup>(1)</sup>
Common Shares	08/15/2025		P		8,233	A	\$6	7,136,713	I	See Footnote <sup>(1)</sup>
Common Shares	08/20/2025		P		71,107	A	\$5.8573	7,207,820	I	See Footnote <sup>(1)</sup>
Common Shares	08/21/2025		P		48,172	A	\$5.9584	7,255,992	I	See Footnote <sup>(1)</sup>
Common Shares	08/22/2025		P		59,788	A	\$5.964	7,315,780	I	See Footnote <sup>(1)</sup>
Common Shares	08/25/2025		P		338,265	A	\$5.999	7,654,045	I	See Footnote <sup>(1)</sup>
Common Shares	08/26/2025		P		59,648	A	\$6	7,713,693	I	See Footnote <sup>(1)</sup>
Common Shares	08/27/2025		P		50,772	A	\$6	7,764,465	I	See Footnote <sup>(1)</sup>

# 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. Transact Code (In 8)			re Expiration Date es (Month/Day/Year) d (A) sed of		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	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		Transaction(s) (Instr. 4)		

Name and Address or	f Reporting Person*	
STAHLBERG J		
(Last)	(First)	(Middle)
C/O TRILL AB		
SVEAVAGEN 17,	18TH FLOOR	
(Street)		
,	V7	111 57
(City)	(State)	(Zip)
1. Name and Address of	f Reporting Person *	
TRILL AB		
(Last)	(First)	(Middle)
C/O TRILL AB		
SVEAVAGEN 17,	18TH FLOOR	
(Street)		
` ,	V7	111 57
(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.

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).