FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL							
DMB Number:	3235-0287						
Estimated average burden							
ours per respon	se 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 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

(Print or Ty	pe Response	es)															
Name and Address of Reporting Person * Verdoorn Todd A.					2. Issuer Name and Ticker or Trading Symbol DiaMedica Therapeutics Inc. [DMAC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) 2 CARLSON PARKWAY, SUITE 260					3. Date of Earliest Transaction (Month/Day/Year) 12/11/2018								Director 10% Owner X Officer (give title below) Other (specify below) Chief Scientific Officer				
(Street)				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person					
MINNEAPOLIS, MN 55447																	
(City)	(State)	(Zip)			Tal	ole I - I	Non-l	Deriv	ative S	Securities	Acqu	ired, Disp	osed of, or l	Beneficially	Owned	
(Instr. 3)		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Data any (Month/Day/Y		ĺ	if Code (Instr. 8		etion	4. Securities Acquir (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	Beneficia	ally Owned Following I Transaction(s)		6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Сс	ode	V	Amou	(A) or (D)	Price	ce			(I) (Instr. 4)	(Ilisti. 4)
Voting Covalue per		ares, no par	12/11/2018				I	P		1,000	A	\$ 4	2,000			D	
Reminder: indirectly.	Report on a	separate line fo	or each class of sec	urities	beneficia	ally o	owned	F	Pers	ons wl ained i	n this fo	rm aı	e not req	ection of in uired to re d OMB cor	spond un	less	EC 1474 (9- 02)
			Table II -								of, or Ber tible secu			l			
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/	Execution Dany	ate, if	4. Siff Transaction Code I (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		and l	Expirati	ion Date	Am Une Sec	Title and abount of derlying urities str. 3 and		9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivat Security Direct (or Indir	ve Ownership (Instr. 4) D)
					Code	v	(A)		Date Exer	cisable	Expiration Date	on Titl	Amount or e Number of Shares				
Repor	ting O	wners															·
				R	elationsh	ips											
Reporting Owner Name / Address Director 10% Ow			<u> </u>					Other									
Verdoorn Todd A. 2 CARLSON PARKWAY SUITE 260 MINNEAPOLIS MN 55447			Chief S	cien	tific (Offic	er										

Signatures

/s/ Amy Culbert, attorney-in-fact	12/11/2018
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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.

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.