UNITED STA Washington, D.C. 20549

TES SECURITIES AND EXCHANGE COMMISSION	OMB APPR
Washington D.C. 20540	OMP Number:

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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

	pe Response	3)														
1. Name and Address of Reporting Person* ALCORN HARRY W JR				2. Issuer Name and Ticker or Trading Symbol DiaMedica Therapeutics Inc. [DMAC]							5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) Chief Medical Officer				
(Last) (First) (Middle) 2 CARLSON PARKWAY, SUITE 260				3. Date of Earliest Transaction (Month/Day/Year) 06/24/2019												
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person				
	MINNEAPOLIS, MN 55447 (City) (State) (Zip)				Table I - Non-Derivative Securities Acou							uired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yea	Exect any			Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D) O	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		1	Ownership Form:	Beneficial
				(Month/Day		(Year)	Code	V		A) or (D)	Price	Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Voting C value per		hares, no par									1,	000			D	
	Report on a s	separate line for each	class of securities b	eneficia	lly owne	ed direc	tly or in	Persons in this f		ot re	quired to	collection of o respond u number.				1474 (9-02)
	Report on a s	separate line for each	class of securities b	eneficia	lly own	ed direc	tly or in	Person								1474 (9-02)
Reminder: 1. Title of Derivative	2. Conversion	3. Transaction Date	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., p 4. Transac	tive Secuts, call	ecurities Ils, warı Numbe	Acquirerants, op	Persons in this facurred a curred obtions, conditions, conditions are Exempleration 1	orm are noting valid seed of, or land the seed of and the seed of and the seed of the seed	ot re OMB Benef ecurit	equired to a control ficially Ov ties) 7. Title an of Underly	orespond unumber. vned ad Amount ying	8. Price of Derivative	9. Number of Derivative	f 10. Owners	11. Nat
Reminder:	2.	3. Transaction	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., p 4. Transac Code	stive Secuts, call 5.1 5.2 tion De Sec or (D (In	Numbe ecurities Numberivative ecurities cquired Dispose	Acquirrants, op r of 6. Ex (N)	Persons in this f a current ed, Disponitions, con	orm are noting valid seed of, or land the seed of and the seed of and the seed of the seed	oot re OMB Benef ecuri	equired to s control ficially Ov ties) 7. Title an	o respond unumber. vned ad Amount ying	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	f 10. Owners Form of Derivati Security Direct (or Indire s) (I)	11. Nat of Indir Benefic Owners (Instr. 2
Reminder: 1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II 3A. Deemed Execution Date, if any	- Deriva (e.g., p 4. Transac Code	stive Secuts, call 5.1 5.2 tion De Sec or (D (In	Numbe erivative ecurities equired Dispose D) nstr. 3, 4	Acquirerants, oper of 6. Exe (M. (A.) ed of	Persons in this facurred a curred obtions, conditions, conditions are Exempleration 1	orm are notify valid sed of, or novertible services and late notification of the notif	not re OMB Benef ecurit d	equired to a control ficially Ov ties) 7. Title an of Underly Securities	o respond unumber. vned ad Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Owners Form of Derivati Security Direct (or Indire	11. Nat of Indir Benefic Owners (Instr. 4

B (1 0 N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
ALCORN HARRY W JR 2 CARLSON PARKWAY SUITE 260 MINNEAPOLIS, MN 55447			Chief Medical Officer			

Signatures

/s/ Amy Culbert, attorney-in-fact	06/26/2019
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.
- (1) Vests in eight equal quarterly installments over two years.

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.