## 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 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															
Name and Address of Reporting Person * Parsons James T.				2. Issuer Name and Ticker or Trading Symbol DiaMedica Therapeutics Inc. [DMAC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner						
	(Last) (First) (Middle) 2 CARLSON PARKWAY, SUITE 260				3. Date of Earliest Transaction (Month/Day/Year) 06/24/2019							Officer (give	e title below)	Otl	er (specify belo	ow)
(Street) MINNEAPOLIS, MN 55447				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person						
	(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						uired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	nstr. 3) Date		2. Transaction Date (Month/Day/Year)	) any	eemed ion Date, i	Code (Instr		on 4. Securities Acq (A) or Disposed (Instr. 3, 4 and 5)		d of (D)	of (D) Owned For		( )		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
				(Wionii	i/Day/Teal		ode V	/ An	(A)		(Instr. 3 and 4)			or Indirect (I) (Instr. 4) (Instr. 4)		
Voting Common Shares, no par value per share										6,10	6,100 <u>(1)</u>			D		
	Report on a	separate line for each	h class of securities b	beneficia	lly owned	directly	Pers	sons						tion contain	ned SEC	1474 (9-02)
	Report on a s	separate line for each	Table II -	Derivat	ive Securi	ies Acc	Persin the disp	sons nis fo plays	orm are no a current ed of, or B	t require y valid ( neficiall	ed to r OMB o	espond control r	unless the		ned SEC	1474 (9-02)
Reminder:	2. Conversion	3. Transaction	Table II -  3A. Deemed Execution Date, if	Derivat (e.g., pu 4. Transac Code	ive Securits, calls, w 5. Nu of De Securi	mber rivative ities ired (A) sposed )	Persin the disputation of the di	sons on solution solu	ed of, or B vertible sec	require y valid ( neficially urities)  7. Tit of Un Secur	od to romb of the comb of the	respond control r ed Amount	unless the number.		of 10. Owners Form of Derivat Security Direct ( or Indir	11. Nattribution of Indirective Owners! (Instr. 4)
Reminder:  1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II -  3A. Deemed Execution Date, if	Derivat (e.g., pu 4. Transac Code	ive Securi ts, calls, w 5. Nu tion of De Secur or Di of (D (Instr	mber rivative ities ired (A) sposed )	Persin the disputation of the control of the contro	sons sis for blays  Disposo sis, conv  Exercion Day/	ed of, or B vertible sec	require y valid ( neficially urities)  7. Tit of Un Secur	y Own le and derlyinities	respond control r ed Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Owners Form of Derivat Security Direct ( or Indir	11. Natu of Indire Benefici owners! (Instr. 4

#### **Reporting Owners**

D 4 0 V 4	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Parsons James T. 2 CARLSON PARKWAY SUITE 260 MINNEAPOLIS, MN 55447	X					

### **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. 78ff(a).

- (1) Includes 3,850 voting common shares issuable upon settlement of deferred share units granted under the DiaMedica Therapeutics Inc. Deferred Share Unit Plan.
- (2) Vests in four nearly equal quarterly installments over one year.

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.