# FORM 4

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

OMB APPROVAL
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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 Responses  | s)                                   |          |  |  |                             |                                      |       |        |  |                 |  |   |                                      |   |  |                        |
|--|---|--------------------------------------|----------|--|--|-----------------------------|--------------------------------------|-------|--------|--|-----------------|--|---|--------------------------------------|---|--|------------------------|
| 1. Name and Address of Reporting Person* Pauls Dietrich John |   |                                      |          |  | 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) 08/16/2019                    |                             |                                      |       |        |  |                 | X Officer (give title below) Other (specify below) President and CEO   |   |                                      |   |  |                        |
| (Street)   |   |                                      |          | 4. If Amendment, Date Original Filed(Month/Day/Year) |  |                             |                                      |       |        |  | _X_ Form fil    | 6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting Person Form filed by More than One Reporting Person |   |                                      |   |  |                        |
| MINNE A  | APOLIS, M   | (State)                              |          | (Zip)  |  |                             | <b></b>                              |       |        |  | G               |  |   |                                      |   |  |                        |
| 1.Title of Security<br>(Instr. 3)                            |   | 2. Transaction Date (Month/Day/Year) |          | 2A. Deemed<br>Execution Date, if                     |  | 3.<br>Co                    | 3. Transaction<br>Code<br>(Instr. 8) |       |        |  |                 | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)   |   |                                      | 6. 7<br>Ownership o<br>Form: B  | Beneficial   |                        |
|  |   |                                      |          |  |  |                             | Code                                 | V     | Amount | (A)<br>or<br>(D)   | Price           |  | or Indi<br>(I)                                    |                                      | or Indirect   | rect (Instr. 4)  |                        |
| _  | ommon Sl<br>per share   | nares, no                            | 08/16    | 5/2019   |  |                             |                                      | P     |        | 1,000  | A               | \$<br>2.676  | 30,804  | <u>(1)</u>                           |   | D  |                        |
|  |   |                                      |          |  |  | ative Secur                 |                                      |       | the    | ntained i<br>form dis<br>Disposed                        | n this isplays  | form a<br>a curr<br>Benefici   | re not requently valid                            | OMB con                              | spond unle<br>trol numbe  | ss   | 1474 (9-02)            |
| Security   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |                                      | Year) Ex | 3A. Deemed<br>Execution Date,                        | ate, if  | 4.<br>f Transaction<br>Code |                                      | 5.    |        | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                 | 7.<br>Ar<br>Ur<br>Se   | Title and nount of iderlying curities astr. 3 and | Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Ownersh<br>Form of<br>Derivati<br>Security<br>Direct (I<br>or Indire | Ownershi<br>(Instr. 4) |
|  |   |                                      |          |  |  | Code V                      | 7 (A                                 | A) (E |        | ite<br>ercisable   | Expirat<br>Date | tion Ti  | Amount or Number of Shares                        |                                      |   |  |                        |

### **Reporting Owners**

| D 41 0 V 4   | Relationships |              |                   |       |  |  |  |  |  |
|--|---------------|--------------|-------------------|-------|--|--|--|--|--|
| Reporting Owner Name / Address   | Director      | 10%<br>Owner | Officer           | Other |  |  |  |  |  |
| Pauls Dietrich John<br>2 CARLSON PARKWAY<br>SUITE 260<br>MINNEAPOLIS, MN 55447 | X             |              | President and CEO |       |  |  |  |  |  |

## **Signatures**

| /s/ Amy Culbert, attorney-in-fact | 08/16/2019 |
|-----------------------------------|------------|
| **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 1,749 voting common shares issuable upon settlement of deferred share units granted under the DiaMedica Therapeutics Inc. Deferred Share Unit Plan.

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.