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

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden 0.5 hours per response...

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

(Print or Type Responses)

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

Name and Address of Reporting Person * Giuffre Randall Michael					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							
TWO CA	1	(First) PARKWAY, SU		3. Date of 06/01/2			ansact	ion (Mo	onth/I	Day/Yea	r)				e title below)		er (specify bel	ow)	
MINNE	APOLIS, N	(Street) AN 55447		4. If Am	endr	nent, Da	te Oriş	ginal Fi	led(M	onth/Day/	Year)		_X_ Fo	orm filed by	One Reporting	p Filing(Check Person Reporting Person	Applicable L	ine)	
(Cit	y)	(State)	(Zip)			Т	able I	- Non-	Deri	vative S	ecuritie	s Acqu	ired, I	Disposed	of, or Bene	ficially Own	ed		
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date, r) any (Month/Day/Ye		Date, if		(4. Securities Acquired (A) or Disposed of (E) (Instr. 3, 4 and 5)		of (D)			s) .		5. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	ect ial	
				(11011111211)		y/ 1 car)	Со	de	V A	Amount	(A) or (D)	Price	(mstr.	5 and 7)			or Indirect (I) (Instr. 4)	(Instr. 4)	
Voting C value per		hares, no par	06/01/2020			A	Δ.		7,784 <u>1)</u>	A	\$ 4.59	93,5	88 (2)]	D			
Voting Common Shares, no par value per share													5,16	165			[See footno	te
Voting Common Shares, no par value per share													21,0	70]	[By Spouse	е
Voting Common Shares, no par value per share											54,186]	[By Childre	en		
Reminder:	Report on a s	separate line for each						Per in t dis	rson this f play	s who i form ar s a cur	e not re rently v	equire valid O			unless the		ed SEC	1474 (9-	02)
			Table II -			securitie alls, wai							Own	ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3A. Deemed Execution Date, if any (Month/Day/Year)	Code Securit			vative es ed (A) osed	Expira (Mont	piration Date of U Ionth/Day/Year) Sec		of Und Securi	Title and Amount Underlying curities astr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownershi Form of Derivativ Security: Direct (D or Indirect)	hip of In Bene Own (Inst	(Instr. 4)		
				Code	V	(A)	(D)		isable	Expira Date	ition	Title		Amount or Number of Shares		(Instr. 4)	(Instr. 4	.)	
Stock Option (right to buy)	\$ 4.64	06/01/2020		A		13,300	5	<u>(</u>	<u>4)</u>	05/31	/2030	Comi Sha		13,306	\$ 0	13,306	D		
Repor	ting O	wners																	

		Relationsl	nips	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Giuffre Randall Michael TWO CARLSON PARKWAY SUITE 260 MINNEAPOLIS, MN 55447	X			

Signatures

/s/ Amy Culbert, attorney-in-fact	06/02/2020
**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) These shares are issuable upon settlement of deferred stock units granted under the DiaMedica Therapeutics Inc. 2019 Omnibus Incentive Plan in lieu of cash retainer fees in the aggregate amount of \$35,729.
- (2) Includes 4,146 voting common shares issuable upon settlement of deferred share units granted under the DiaMedica Therapeutics Inc. Deferred Share Unit Plan, 36,498 voting common shares held by Michael Giuffre and his wife jointly and 45,160 voting common shares held by Michael Giuffre individually.
- (3) These voting common shares are held by 424822 Albert Ltd, of which Michael Giuffre has sole voting and dispositive power.
- (4) 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.