FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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 Response	s)															
1. Name and Address of Reporting Person* Kellen Scott					2. Issuer Name and Ticker or Trading Symbol DiaMedica Therapeutics Inc. [DMAC]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) TWO CARLSON PARKWAY, SUITE 260					3. Date of Earliest Transaction (Month/Day/Year) 11/09/2020							X Officer (give title below) Other (specify below) CFO and Secretary					
(Street)				4. If	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				
MINNEAPOLIS, MN 55447 (City) (State) (Zip)					Table I - Non-Derivative Securities Acqui							uired, Disp	ired, Disposed of, or Beneficially Owned				
(Instr. 3) Date (Month/Day/Year)		Execu			Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership of B	Beneficial			
			(Mont	(Month/Day/Year)		Code	V	Amount	(A) or (D)	Price	Ì	(Instr. 3 and 4)		` /	Ownership (Instr. 4)		
Voting Common Shares, no par value per share		11/09/2020				P		2,000	A	\$ 4.193 (1)	3 12,290	12,290		D			
			Table II					the	ntained i e form di Disposed	n this splays of, or l	form a s a curr Benefici	re not requently valid	OMB con	spond unle trol numbe	ss	1474 (9-02)	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execution I	med on Date, if	4. Transaction Code	S A (A	5.		;		e 7. e Ar Ur Se	Title and nount of iderlying curities astr. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form of Derivativ Security: Direct (I or Indire	Beneficia Ownersh (Instr. 4)	
					Code	V	(A) (I	Ez	ate xercisable	Expira Date	ation Ti	Amount or Number of Shares					

Reporting Owners

	Reporting Owner Name / Address		Relationships						
Rep			10% Owner	Officer	Other				
	ott RLSON PARKWAY, SUITE 260 POLIS, MN 55447			CFO and Secretary					

Signatures

/s/ Amy Culbert, attorney-in-fact	11/10/2020
**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).
- The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$4.1824 to \$4.21, inclusive. The (1) reporting person undertakes to provide to DiaMedica Therapeutics Inc., any security holder of DiaMedica Therapeutics Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in this footnote (1) to this Form 4.

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.