FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
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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).

(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

1. 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				
(Last) (First) (Middle) 2 CARLSON PARKWAY, SUITE 260				3. Date of Earliest Transaction (Month/Day/Year) 07/15/2021								_		ve title below)	Oth	er (specify bel	ow)
(Street) MINNEAPOLIS, MN 55447				4. If Amendment, Date Original Filed(Month/Day/Year)								_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City		(State)	(Zip)			Т	able	I - Noi	n-Deri	vative So	ecuritie	s Acquired	, Disposed	l of, or Ben	eficially Own	ed	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				Execut any	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		(A)		Securities Acquired a) or Disposed of (D) astr. 3, 4 and 5)		Owned Following Reported Transaction(s)			6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
				Ì		,	C	ode	V .	Amount	(A) or (D)			,		or Indirect (I) (Instr. 4)	(Instr. 4)
Voting Common Shares, no par value per share											110	116,029 (1)			D		
Voting Common Shares, no par value per share												5,1	.65			I	See footnote (2)
Voting Common Shares, no par value per share											21,	,070			[By Spouse	
Voting Common Shares, no par value per share										54		1,186		[By Children		
Reminder:	Report on a s	separate line for each	n class of securities	beneficia	ılly c	owned d	irectl	y or in	directl	y.							
					-			C	ontai	ned in tl	his for	m are not	required	of informa to respon- ntrol numl	d unless the		1474 (9-02)
			Table II -							osed of,		eficially Ow	ned				
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Conversion Date or Exercise Price of Derivative Security 3. Transaction (Month/Day/Year)		3A. Deemed Execution Date, if any (Month/Day/Year	4. Transac Code	4. Transaction Code (Instr. 8)		5. Number		6. Date Exercisable Expiration Date (Month/Day/Year)		and	7. Title and of Underly Securities (Instr. 3 an	ing		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivat Security Direct (or Indir	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)		cisable	Expirat Date	ion	Title	Amount or Number of Shares				
Stock Option (right to buy)	\$ 3.64	07/15/2021		A		9,393			(3)	07/14/	/2031	Common Shares		\$ 0	9,393	D	

Reporting Owners

Post Control	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Giuffre Randall Michael 2 CARLSON PARKWAY SUITE 260 MINNEAPOLIS, MN 55447	X						

Signatures							
07/16/2021							
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).
- Includes 4,146 voting common shares issuable upon settlement of deferred share units granted under the DiaMedica Therapeutics Inc. Deferred Share Unit Plan, 15,225 shares issuable (1) upon settlement of deferred stock units granted under the DiaMedica Therapeutics Inc. 2019 Omnibus Incentive Plan, 36,498 voting common shares held by Michael Giuffre and his wife jointly and 60,160 voting common shares held by Michael Giuffre individually.
- (2) These voting common shares are held by 424822 Albert Ltd, of which Michael Giuffre has sole voting and dispositive power.
- (3) 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.