FORM 4

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

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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 * Gilman Sydney A.					2. Issuer Name and Ticker or Trading Symbol DiaMedica Therapeutics Inc. [DMAC]								5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
TWO CA	1	(First) PARKWAY		Middle) 260	3. Date of 07/28/2			ansact	ion (N	/Ionth/	Day/Yea	ar)		X Officer (give title below) Other (specify below) VP, Regulatory Affairs				low)		
	(Street)				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						
MINNE.	APOLIS, N	/N 55447 (State)		(Zip)																
		(State)													<u> </u>		ficially Owr		1	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if any (Month/Day/Year)		Date, if	(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 Form:	Beneficial			
					(Month	1/Day	y/Year)	Co	de	V	Amount	(A) or (D)		or Inc (I)		Direct (D) or Indirect (I) (Instr. 4)				
Voting C		hares, no par											(0			D			
Security (Instr. 3)			(Year) Exec	3A. Deemed Execution Date, if any (Month/Day/Year)		4. 5. N f Transaction of D Code Secu (Instr. 8) Acq or D of (I		umber 6. Date erivative irities (Month isposed			ration Date of sth/Day/Year) Se			and Ar erlying es and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported	Owner Form o	of Benefic Owner (y: (Instr.	
					Code		and 5)	(D)	Date Exer		Expira Date	ation	Title	or N	umber		Transaction (Instr. 4)	(I) (Instr.	4)	
Stock Option (right to buy)	\$ 5	07/28/202	21		A		25,000			(1)	07/2	7/2031	Comm	non 2	5,000	\$ 0	25,000	D		
Repor	ting O	wners																		
			Relationships																	
Reporting Owner Name / Address		me / Address	Director	10% Owner	Officer				(Other										
Gilman	Sydney A																			

VP, Regulatory Affairs

Signatures

SUITE 260

TWO CARLSON PARKWAY

MINNEAPOLIS, MN 55447

/s/ Amy Culbert, attorney-in-fact	07/29/2021
**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)
- ($\bf{1}$) Vests in sixteen nearly equal quarterly installments over four years.

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.