FORM	4
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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 Perponses)

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

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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 Type Responses)										
1. Name and Address of Reporting Per Parsons James T.	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) TWO CARLSON PARKWAY		3. Date of Earliest 7 01/03/2022	Fransaction	(Mo	nth/Day/Y	ear)	Officer (give title below)	Other (specify b	elow)	
(Street) MINNEAPOLIS, MN 55447	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if		v	(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial Ownership
Voting Common Shares, no par value per share	01/03/2022		А		16,773 (<u>1)</u>	A	\$ 3.58	38,509 <u>(2) (3)</u>	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474 (9-02)

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (a.g., puts, calls, warrants, ontions, convortible securities)

	(e.g., puts, caus, warrants, options, convertible securities)													
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Nur	Number and Expiration Date A		Amount of Deriv		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Der	ivative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					urities			(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security				Acc	uired			4)			0	Direct (D)	
					(A)							1	or Indirect	
						posed						Transaction(s)		
					of (/						(Instr. 4)	(Instr. 4)	
					· ·	(Instr. 3,								
					4, a	4, and 5)								
										Amount				
							Date	Expiration		or				
							Exercisable	*	Title	Number				
							Exercisable	Date		of				
				Code V	(A)	(D)				Shares				

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Parsons James T. TWO CARLSON PARKWAY SUITE 260 MINNEAPOLIS, MN 55447	Х						

Signatures

 /s/ Amy Culbert, attorney-in-fact
 01/03/2022

 **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 \$60,000.
- (2) Amount reflects the cancellation of 211 shares underlying deferred share units granted in lieu of Board committee retainers due to a change in Board committee memberships.
- (3) Includes 3,850 voting common shares issuable upon settlement of deferred share units granted under the DiaMedica Therapeutics Inc. Deferred Share Unit Plan and 32,409 shares issuable upon settlement of deferred stock units granted under the DiaMedica Therapeutics Inc. 2019 Omnibus Incentive Plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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