FORM 4

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

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

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* Burroughs Amy L.					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) TWO CARLSON PARKWAY, SUITE 260					3. Date of Earliest Transaction (Month/Day/Year) 01/03/2022							Office	r (give title belo		ther (specify be	ow)	
(Street)				4. If	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 iired, Disposed of, or Beneficially Owned					
MINNEAPOLIS, MN 55447 (City) (State) (Zip)					Table I - Non-Derivative Securities Acou						Acqui						
(Instr. 3)		2. Transaction Date (Month/Day/Y	Exe ear) any	2A. Deemed Execution Date, if		3. Too (Ins	3. Transaction Code (Instr. 8)		4. Securities Acqu (A) or Disposed o (D) (Instr. 3, 4 and 5)		uired of	5. Amount of Securitie Beneficially Owned For Reported Transaction(s (Instr. 3 and 4)		es (ollowing (s))	Ownership of Form:	7. Nature of Indirect Beneficial Ownership Instr. 4)	
	common Sl	nares, no	01/03/2022					A		1,182 1)	2 A	\$ 3.58	56,132	2)])	
			Table I					t cquire	contair the fori d, Dispo	ned in m disp osed of	this for plays a f, or Ben	m are currer eficiall	not requ		pond unles	s	474 (9-02)
ı	1	1		(e.g.,	puts, cal	ls, w	arran	ts, opt	ions, co	nverti	ble secu	rities)					
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Y	Execution Da	Date, if	e, if Transaction N Code o (Instr. 8) S (Code o (Instr. 8) Code o		of Deriv Secun Acqu (A) o Dispo of (D (Instr	Number an		5. Date Exercisable and Expiration Date Month/Day/Year)		Amo Undo Secu	ttle and bunt of erlying urities r. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownershi Form of Derivativ Security: Direct (D or Indirect	(Instr. 4)
					Code	v	(A)		Date Exercis		Expiration Date	Title	Amount or Number of Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Burroughs Amy L. TWO CARLSON PARKWAY, SUITE 260 MINNEAPOLIS, MN 55447	X					

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 \$40,000.
- (2) Includes 11,182 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.

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.