FORM 4

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

	OMB	APPROVAL
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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	/														
1. Name and Address of Reporting Person* Gruis Kirsten L			2. Issuer Name and Ticker or Trading Symbol DiaMedica Therapeutics Inc. [DMAC]						:	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)Director10% Owner						
	(Last) (First) (Middle) TWO CARLSON PARKWAY, SUITE 260			3. Date of Earliest Transaction (Month/Day/Year) 01/03/2022							X Officer (give title below) Other (specify below) Chief Medical Officer					
MINNE	(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 PersonForm filed by More than One Reporting Person						
(Cit	ty)	(State)	(Zip)	Table I - Non-Derivative Securities			es Acqui	quired, Disposed of, or Beneficially Owned								
1.Title of S (Instr. 3)	1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				f Code (Inst		(4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities I Owned Following Report Transaction(s)		ı	6. Ownership Form:	Beneficial	
				(Month/Day/Yea			ode	V	(A) or Amount (D)			(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	
		hares, no par)			D	
Reminder:		separate line for each	n class of securities b	eneficial	lly owned o	irectly o	Pe	erson				collection o				1474 (9-02)
		separate line for each		- Deriva	tive Secur	ties Acc	Pe in a	erson: this f curre	orm are ntly vali	e not re id OME or Bene	equired 3 contro ficially (to respond I number.				1474 (9-02)
Reminder:		3. Transaction Date	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., p 4. Transac Code	tive Secur uts, calls, v 5. Nur Deriva Securi) Acqui	ties Accordants her of tive ties red (A) posed of	quired, 6. Da Expir (Mon	ersons this f curre , Dispo ons, co ate Exe	orm are ntly vali sed of, on envertible reisable	e not re id OME or Bene e securi	equired 3 contro ficially (ities)	to respond of number. Owned and Amount rlying es	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	f 10. Owners Form of Derivati Security Direct (or Indirects)	11. Natur of Indire Benefici Owners! (Instr. 4)
Reminder: 1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II 3A. Deemed Execution Date, if any	- Deriva (e.g., p 4. Transac Code	5. Nun Securi Acqui or Dis (D) (Instr.	ties Acceptante and the state of the state o	quired, s, optio	ersona this f currer , Dispo ons, co ate Exe ration l	orm are ntly vali sed of, o nvertible reisable a Date n/Year) Expirat	e not reid OME or Bene e securi	ficially (ities) 7. Title of Under	to respond of number. Owned and Amount rlying es	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Owners Form of Derivati Security Direct (or Indire	11. Natur of Indire Benefici Owners! (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Gruis Kirsten L TWO CARLSON PARKWAY, SUITE 260 MINNEAPOLIS, MN 55447			Chief Medical Officer		

Signatures

/s/ Amy Culbert, attorney-in-fact	01/05/2022
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) This option vests with respect to 40,000 common shares on January 3, 2023 and with respect to the remaining 75% of the common shares in 36 nearly equal monthly installments commencing one month after the one-year anniversary of the grant date.

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 no	ot required to respond unless the form displays a currently valid OMB number.