FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

I	OMB APPROVAL										
l	OMB Number:	3235-0287									
	Estimated average burden										
l	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

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	2. Issuer Name and Ticker or Trading Symbol <u>DiaMedica Therapeutics Inc.</u> [DMAC]									(Che	Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% O				wnor						
(Last)					3. Date of Earliest Transaction (Month/Day/Year) 12/01/2022											Officer (give title		Other (specify below)			
301 CARLSON	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person										
(Street) MINNEAPOLIS MN 55305												Form filed by More than One Reporting Person									
(City) (State) (Zip)																					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
Date								2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			5. Amount Securities Beneficiall Following	y Owned Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	Transactio (Instr. 3 an				(Instr. 4)		
Voting Common	01/202	1/2022		P		819		A	\$1.19	178,2	178,272(1)		D								
Voting Common	n Shares, n	o par value per s	hare												25,5	573	I See footnote(2)				
Voting Common Shares, no par value per share															21,0	21,070			By Spouse		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
Derivative Security (Instr. 3)	ivative Conversion Date Execution D			ate, Transaction Code (Instr.			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Ye		e Securities Un		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title)	Amount or Number of Shares		(Instr. 4)	oii(s)				

Explanation of Responses:

1. Includes 4,146 voting common shares issuable upon settlement of deferred share units granted under the DiaMedica Therapeutics Inc. Deferred Share Unit Plan, 29,829 shares issuable upon settlement of deferred stock units granted under the DiaMedica Therapeutics Inc. 2019 Omnibus Incentive Plan, 82,937 voting common shares held by Michael Giuffre and his wife jointly and 61,360 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.

Remarks:

This Form 4 report does not include 54,186 shares previously reported as being held by the reporting person's children since the reporting person does not have a pecuniary interest in those shares.

/s/ Amy Culbert, attorney-in-fact 12/05/2022

** Signature of Reporting Person Date

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

- * 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).

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.