STOCKHOLM

(City)

V7

(State)

103 27

(Zip)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL						
OMB Number: 3235-028						
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

→ may continue. S	see instruction	1(D).		Fi							es Exchange npany Act of										
Von Koch Thomas DiaM						Issuer Name and Ticker or Trading Symbol viaMedica Therapeutics Inc. [DMAC]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director						
(Last) C/O EOT PAR	Last) (First) (Middle) C/O EQT PARTNERS AB				12/0	3. Date of Earliest Transaction (Month/Day/Year) 12/02/2022									Officer (give title Other (specify below) below)						
BOX 16509					4. If A	Amer	ndment, Da	ate of Or	riginal Fil	ed (M	onth/Day/Ye	ear)		6. Indi	Form file	ed by One I	Reportin	g Person			
Street) STOKCHOLM	1 V7	10	03 27													·		·			
(City)	(State)	(Z																			
. Title of Securit	y (Instr. 3)	Ta	able I - No	2. Trans Date (Month	saction		2A. Deeme Execution if any	ed Date,	3. Transac Code (Ir	tion	4. Securitie Disposed	es Ac	quired (A) or	5. Amount Securities Beneficial	ly Owned	Form: or Indi	Direct (D) rect (I)	7. Nature of Indirect Beneficial		
							(Month/Da	ny/Year)	8) Code	v	Amount		(A) or (D)	Price	Following Transaction (Instr. 3 and	on(s)	(Instr.	4)	Ownership (Instr. 4)		
Common Share	es			12/0	2/2022	2			S		2,855,8	47	D	\$1.235	()		I	See Footnote 1 ⁽¹⁾		
Common Share	es			12/0	2/2022	2			P		2,855,8	47	A	\$1.235	2,855	5,847		I	See Footnote 2 ⁽²⁾		
			Table II -								sed of, o				ed						
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate,	Code (Instr.				6. Date Exerc Expiration Da (Month/Day/Y		ate Securities Under		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported	ve Company Com	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	e	Amount or Number of Shares		Transacti (Instr. 4)	on(s)	X 10% Owing Delay (Spelow) Check Applical riting Person One Reporting Direct (D) Indirect (I) II I I I I I I I I I I I			
. Name and Addr Von Koch T		ting Person *																			
(Last) C/O EQT PAR BOX 16509	(Firs	,	(Middle)																		
Street) STOKCHOLM	1 V7		103 27																		
(City)	(Sta	ite)	(Zip)																		
. Name and Addr TomEnterpr		ting Person *																			
(Last) C/O EQT PAR BOX 16509	(Firs		(Middle)																		
Street)						_															

1. Name and Address of Reporting Person* <u>TomEqt Private AB</u>								
(Last) C/O EQT PARTN BOX 16509	(First) ERS AB	(Middle)						
(Street) STOCKHOLM	V7	103 27						
(City)	(State)	(Zip)						

Explanation of Responses:

- 1. These shares were owned directly by TomEnterprise AB and indirectly by Thomas Von Koch in his capacity as the board member of TomEnterprise AB. Thomas Von Koch had the sole power to vote and dispose of these shares.
- 2. These shares are owned directly by TomEqt Private AB and indirectly by Thomas Von Koch in his capacity as the board member of TomEqt Private AB. Thomas Von Koch has the sole power to vote and dispose of these shares

/s/ Thomas Von Koch 12/06/2022
/s/ Thomas Von Koch, as Board Member of TomEnterprise AB
/s/ Thomas Von Koch, as Board Member of TomEqt Private AB
** Signature of Reporting Person 12/06/2022
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.