The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

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

Notice of Exempt Offering of Securities

OMB APPROVAL

OMB 3235Number: 0076

Estimated average burden hours per response: 4.00

Other (Specify)

1. Issuer's Identity

CIK (Filer ID Number) Entity Type None Names 0001610853 HELIUS MEDICAL TECHNOLOGIES, X Corporation Name of Issuer Limited Partnership HELIUS MEDICAL TECHNOLOGIES, HELIUS MEDICAL TECHNOLOGIES, Limited Liability Company INC. INC. General Partnership 0996455 B.C. Ltd. Jurisdiction of **Business Trust Incorporation/Organization**

Previous

DELAWARE

Year of Incorporation/Organization

X Over Five Years Ago

Within Last Five Years (Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

HELIUS MEDICAL TECHNOLOGIES, INC.

Street Address 1 Street Address 2

642 NEWTOWN YARDLEY ROAD Suite 100

City State/Province/Country ZIP/PostalCode Phone Number of Issuer

NEWTOWN PENNSYLVANIA 18940 215-944-6100

3. Related Persons

Last Name First Name Middle Name

Tyler Mitchell E.

Street Address 1 Street Address 2

642 Newtown Yardley Road Suite 100

City State/Province/Country ZIP/PostalCode

Newtown PENNSYLVANIA 18940

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

	Last Name	Firs	First Name		
Straw		Edward	M		

Street Address 1 Street Address 2

642 Newtown Yardley Road Suite 100

City State/Province/Country ZIP/PostalCode

Newtown PENNSYLVANIA 18940

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name LaViscount Joyce M. **Street Address 1 Street Address 2** Suite 100 642 Newtown Yardley Road City State/Province/Country ZIP/PostalCode **PENNSYLVANIA** 18940 Newtown **Relationship:** X Executive Officer Director Promoter Clarification of Response (if Necessary): **Last Name** First Name Middle Name Sackier Jonathan M. **Street Address 1 Street Address 2** 642 Newtown Yardley Road Suite 100 ZIP/PostalCode City State/Province/Country Newtown **PENNSYLVANIA** 18940 **Relationship:** X Executive Officer Director Promoter Clarification of Response (if Necessary): **Last Name** First Name Middle Name Andreeff Dane **Street Address 1 Street Address 2** 642 Newtown Yardley Road Suite 100 City State/Province/Country ZIP/PostalCode Newtown **PENNSYLVANIA** 18940 **Relationship:** X Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name** Middle Name Walter Blane **Street Address 1 Street Address 2** Suite 100 642 Newtown Yardley Road State/Province/Country ZIP/PostalCode City **PENNSYLVANIA** 18940 Newtown **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary):

Last Name First Name Middle Name

Mathiesen Jeffrey S.

Street Address 1 Street Address 2

642 Newtown Yardley Road Suite 100

City State/Province/Country ZIP/PostalCode

Newtown PENNSYLVANIA 18940

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

4. Industry Group

Agriculture Health Care Retailing
Banking & Financial Services Biotechnology Restaurants
Commercial Banking Health Insurance Technology

Insurance Investing **Investment Banking** Pooled Investment Fund Is the issuer registered as an investment company under the Investment Company

Act of 1940?

Yes

Other Banking & Financial Services

No

Business Services

Energy

Coal Mining

Electric Utilities Energy Conservation

Environmental Services

Oil & Gas

Not Applicable

Other Energy

Hospitals & Physicians Computers

Pharmaceuticals Telecommunications X Other Health Care Other Technology

Manufacturing Travel

Real Estate Airlines & Airports

Commercial **Lodging & Conventions** Construction

Tourism & Travel Services

REITS & Finance Other Travel

Residential Other

Other Real Estate

5. Issuer Size

Revenue Range	OR	Aggregate Net Asset Value Range
No Revenues		No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
Over \$100,000,000		Over \$100,000,000
X Decline to Disclose		Decline to Disclose

Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

	Investment Company	Investment Company Act Section 3(c)		
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1)	Section 3(c)(9)		
Rule 504 (b)(1)(i)	Section 3(c)(2)	Section 3(c)(10)		
Rule 504 (b)(1)(ii)	Section 3(c)(3)	Section 3(c)(11)		
Rule 504 (b)(1)(iii)	Section 3(c)(4)	Section 3(c)(12)		
X Rule 506(b)	Section 3(c)(5)	Section 3(c)(13)		
Rule 506(c) Securities Act Section 4(a)(5)	. , , ,	. , , ,		
Securities Act Section 4(a)(3)	Section 3(c)(6)	Section 3(c)(14)		
	Section 3(c)(7)			

7. Type of Filing

X New Notice Date of First Sale 2020-10-26 First Sale Yet to Occur Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes X No

9. Type(s) of Securities Offered (select all that apply)

X Equity **Pooled Investment Fund Interests** Debt Tenant-in-Common Securities X Option, Warrant or Other Right to Acquire Another Security Mineral Property Securities X Security to be Acquired Upon Exercise of Option, Warrant or Other (describe) Other Right to Acquire Security 10. Business Combination Transaction Is this offering being made in connection with a business combination transaction, such Yes X No as a merger, acquisition or exchange offer? Clarification of Response (if Necessary): 11. Minimum Investment Minimum investment accepted from any outside investor \$0 USD 12. Sales Compensation Recipient CRD Number None Recipient Joseph Gunnar & Co., LLC 24795 (Associated) Broker or Dealer CRD (Associated) Broker or Dealer X None X None Number None None Street Address 1 Street Address 2 30 Broad Street 11th Floor ZIP/Postal City State/Province/Country Code 10004 New York **NEW YORK** State(s) of Solicitation (select all that apply) All Check "All States" or check individual Foreign/non-US States States CALIFORNIA CONNECTICUT FLORIDA ILLINOIS NEW JERSEY PENNSYLVANIA WYOMING Recipient Recipient CRD Number None H.C. Wainwright & Co., LLC (Associated) Broker or Dealer CRD (Associated) Broker or Dealer X None X None Number None None Street Address 1 Street Address 2 430 Park Avenue 4th Floor ZIP/Postal City State/Province/Country Code **NEW YORK** New York 10022 State(s) of Solicitation (select all that apply) All Check "All States" or check individual Foreign/non-US States States CALIFORNIA CONNECTICUT

FLORIDA

ILLINOIS		
NEW JERSEY		
PENNSYLVANIA		
WYOMING		

13. Offering and Sales Amounts

Total Offering Amount \$3,420,664 USD or Indefinite

Total Amount Sold \$3,420,664 USD

Total Remaining to be Sold \$0 USD or Indefinite

Clarification of Response (if Necessary):

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering. Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

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15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$17,500 USD Estimate Finders' Fees \$30,000 USD Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD X Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
HELIUS MEDICAL TECHNOLOGIES, INC.	/s/ Joyce LaViscount	Joyce LaViscount	Chief Financial Officer	2020-11-10

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.