FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT	OF	CHANGES	IN BENEFICI	AL	OWNERSH	ΙP

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).

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 of Reporting Person* STRAW EDWARD M				<u>I</u>	2. Issuer Name and Ticker or Trading Symbol HELIUS MEDICAL TECHNOLOGIES, INC. [HSDT]							Relationship oneck all applications	able)	g Perso	on(s) to Issue 10% Owi Other (sp	ner	
(Last) (First) (Middle) C/O HELIUS MEDICAL TECHNOLOGIES, INC. 642 NEWTOWN YARDLEY ROAD, SUITE 100				C	3. Date of Earliest Transaction (Month/Day/Year) 06/10/2020							below)			below) `		
(Street) NEWTO (City)		A tate)	18940 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year) 06/12/2020					6. Liı	e) X Form f Form f	lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				te	Execution Date		Date,	Code (Instr.				Beneficia Owned F	s Illy ollowing	Form:	Direct Ir Indirect B str. 4)	7. Nature of ndirect Beneficial Dwnership	
								Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	tion(s)		"	nstr. 4)
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Instr. 3)	ative Conversion or Exercise (Month/Day/Year) 3) Price of Derivative Security Conversion of Exercise (Month/Day/Year) Execution Date, if any (Month/Day/Year) Security Execution Date, if any (Month/Day/Year) Security Se		Transa Code (5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date of Securit (Month/Day/Year) Underlyin			Title and Amount f Securities nderlying Derivative ecurity (Instr. 3 and)		9. Numb derivativ Securitie Beneficia Owned Followin Reporter	re es ally eg d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount Number Shares		Transact (Instr. 4)				
Stock Option (Right to Buy)	\$0.545	06/10/2020		A		61,218 ⁽¹⁾		(2)	0	6/09/2030	Class A Common Stock	61,218	\$0.00	121,42	21 ⁽¹⁾	D	

Explanation of Responses:

- 1. This Form 4/A is being filed to amend an inadvertent error in the number of stock options granted to the Reporting Person in the Form 4 previously filed on June 12, 2020. The number of stock options reported on this amendment reflect the correct number of stock options granted to and held by the Reporting Person.
- 2. Grant to the Reporting Person of a stock option under the Issuer's 2018 Omnibus Incentive Plan. The shares vest in a series of twelve (12) successive equal monthly installments measured from June 10, 2020, subject to the Reporting Person's continued service through each applicable vesting date

Remarks:

/s/ Philippe Deschamps, Attorney-in-Fact

06/16/2020

** 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.