SEC For	m 4 FORM	4	UNITED S	STATE	S SI	ECUR	ITIE	ES AND) E)	хсна	NGE C	оммі	SSION				
Washington, D.C. 20549													OMB APPROVAL				
Section obligat	this box if no lo n 16. Form 4 or ions may contin tion 1(b).		Filed pu	NT OF CHANGES IN BENEFICIAL OWNE I pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940								OMB Number: 3235- Estimated average burden hours per response:			0.5		
1. Name and Address of Reporting Person* <u>MATHIESEN JEFFREY S</u> (Last) (First) (Middle)					2. Issuer Name and Ticker or Trading Symbol <u>HELIUS MEDICAL TECHNOLOGIES</u> , <u>INC.</u> [HSDT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner X Officer (give title Other (specify below) below)				ner
C/O HELIUS MEDICAL TECHNOLOGIES, INC. 642 NEWTOWN YARDLEY ROAD, SUITE 100				C. 0	3. Date of Earliest Transaction (Month/Day/Year) 09/13/2022								CFO and Treasurer				
(Street) NEWTOWN PA 18940				4 	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)										Feisoi				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date						tive Securities Acquired, Disposed of, or Benefi 2A. Deemed Execution Date, Transaction Disposed Of (D) (Instr. 3,				ed (A) or	or 5. Amount of		6. Ownership Form: Direct		7. Nature of Indirect		
(Month/D								r) Code (Ir 8)	nstr.	str. 5)			Beneficially Owned Following Reported Transaction(s)		(D) or Indirect (I) (Instr. 4)		Beneficial Dwnership Instr. 4)
Table II - Derivati					ive Securities Acquired, Disposed of, or Benefici						Price	Ily Owned					
			(e.g	g., puts	s, call	s, warr	ants	, options	s, co	onvertil	ble secu	rities)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Code	saction ∋ (Instr.			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	i Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	• V	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$0.54	09/13/2022		Α		18,000		(1)	09	9/12/2032	Common Stock	18,000	\$0	18,000)	D	

Explanation of Responses:

1. Grant to the Reporting Person of a stock option under the Issuer's 2022 Equity Incentive Plan. The options vest in a series of twelve (12) successive equal quarterly installments on the last day of each quarter so that all of the options will be vested on the three-year anniversary of the grant date, subject to the Reporting Person's continued service through each applicable vesting period.

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/s/ Emily Johns, by Power of	09/14/2022
<u>Attorney</u>	07/14/2022
** Signature of Reporting Person	Date

** Signature of Reporting Person

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.