SEC For	m 4 FORM	4 (UNITED	STA	res s	ECURITIE	ES AN	ID E	ХСНА	NG	SE CO	оммі	SSION				
						Washi	ngton, D.	C. 2054	19						OMB AP	PRO	VAL
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 OWNE Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									SHIP	Estim	OMB Number: 3235- Estimated average burden hours per response:		
1. Name and Address of Reporting Person [*] BUCKMAN PAUL (Last) (First) (Middle) C/O HELIUS MEDICAL TECHNOLOGIES I					HELIUS MEDICAL TECHNOLOGIES, (Check all appli X Directr INC. [HSDT] (Check all appli X Directr 3. Date of Earliest Transaction (Month/Day/Year) (Check all appli								,				
642 NEWTOWN YARDLEY ROAD SUITE 100						09/10/2021											
(Street) NEWTOWN PA 18940					4. If Amendment, Date of Original Filed (Month/Day/Year) Line) X							,					
(City)	(S	tate)	(Zip)														
		Tab	le I - Nor	n-Deriva	ative S	ecurities Ac	quired	, Dis	posed o	of, c	or Ben	eficial	ly Owned	t			
1. Title of Security (Instr. 3) 2. Transau Date (Month/Da						2A. Deemed Execution Date if any (Month/Day/Yea	Code (Instr.						4 and Securities Beneficially Owned Foll		6. Owners Form: Dir (D) or Ind (I) (Instr. 4	ect rect	7. Nature of Indirect Beneficial Ownership
							Code	v	Amount		(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Class A Common Stock 09/10/2							Α		721(1)	Α	\$0.00) 7	21	D		
		Т				curities Acq IIs, warrants							Owned				
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		Date, T	ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)				7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie: Beneficia Owned Following Reported Transacti (Instr. 4)	e Own s For Ily Dire or In g (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$14.9	09/10/2021	A		2,547		(2)	09/09/2031	Class A Common Stock	2,547	\$0.00	2,547	D	

Explanation of Responses:

Grant to the Reporting Person of restricted stock units ("RSUs") under the Issuer's 2018 Omnibus Incentive Plan. The RSUs vest in a series of twelve (12) successive equal monthly installments on the last day of each month so that all of the RSUs will be vested on the one-year anniversary of the grant date, subject to the Reporting Person's continued service through each applicable vesting period.
 Grant to the Reporting Person of a stock option under the Issuer's 2018 Omnibus Incentive Plan. The options vest in a series of twelve (12) successive equal monthly installments on the last day of each month so that all of the options will be vested on the one-year anniversary of the grant date, subject to the Reporting Person's continued service through each applicable vesting period.

Remarks:

<u>/s/ Allison Northup, Attorney-</u> <u>09/14/2021</u>

** Signature of Reporting Person Date

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

 \ast 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.