FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	
vasimigton,	D.O.	20040	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol HELIUS MEDICAL TECHNOLOGIES,								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Deschamps Philippe</u>					INC. [HSDT]							X	Director			10% Ow	ner	
(Last)	(F	First)	(Middle)		1100 [11001]							X	Officer (g below)	er (give title v)		Other (specification)	pecify	
C/O HELIUS MEDICAL TECHNOLOGIES. INC.						Date of Earliest Transaction (Month/Day/Year)						\dashv	President and CEO					
642 NEWTOWN YARDLEY ROAD, SUITE 100					12/07/2019													
(Street) NEWTOWN PA 18940					4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(5	State)	(Zip)													·	ŭ	
		-	Table I - Non-I	Deriva	tive S	Securiti	es Acq	uired, D	isp	osed of,	or Bene	eficially (Owned					
1. Title of Security (Instr. 3)		Da	Transac ate Ionth/Da		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transacti Code (Ins 8)						Form: y (D) or		7. Nature of ndirect Beneficial Ownership			
									<i>,</i>	Amount	(A) or (D)	Price	Transaction (Instr. 3 and	ion(s)			Instr. 4)	
			Table II - De							sed of, convertible			wned					
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/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)				
Employee Stock Option (Right to Buy)	\$5.35	12/07/2019		D ⁽¹⁾		-	300,000	(2)	1	07/13/2020	Class A Common Stock	300,000	\$0.00	0		D		
Employee Stock Option (Right to Buy)	\$5.35	12/07/2019		A ⁽¹⁾		300,000		(2)	1	07/13/2026	Class A Common Stock	300,000	\$0.00	300,0	00	D		

Explanation of Responses:

- 1. These two reported transactions involved an amendment of an outstanding option originally granted on July 13, 2016 resulting in the deemed cancellation of the July 13, 2016 option and the grant of a replacement option with the same terms other than the expiration date.
- 2. Immediately exercisable.

Effective January 22, 2018, the Issuer effected a 1-for-5 reverse stock split of the Issuer's Class A Common Stock. All share numbers herein give effect to the reverse stock split. In addition, all conversion or exercise prices of derivative securities in column 2 of Table II herein are translated into U.S. Dollars from Canadian dollars.

12/16/2019 /s/ Philippe Deschamps 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.