FORM 4

Check this box if no longer subject

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287								
Estimated average burden									
hours per response	. 0.5								

to Section 16. F	Form 4 or Form 5	O I/ (I EII)EI			Estimated average burden			
 obligations may Instruction 1(b). 		Filed	pursuant to Section 16(a) of the Securities Exchange Act of 1934	Ļ	hours per res	ponse: 0.5		
			or Section 30(h) of the Investment Company Act of 1940					
1. Name and Addre LaViscount (Last)	ess of Reporting Pers Joyce N (First)	:on* (Middle)	2. Issuer Name and Ticker or Trading Symbol HELIUS MEDICAL TECHNOLOGIES, INC. [HSDT] 3. Date of Earliest Transaction (Month/Day/Year)	(Check all appli Directe	or (give title	10% Owner Other (specify below)		
642 NEWTOW	N-YARDLEY RO	DAD	04/15/2020		CI O and CO			
SUITE 100								
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Line)	Joint/Group Filing	(Check Applicable		
(Street)	DA	100.40		X Form	iled by One Repo	rting Person		
NEWTOWN	PA	18940		Form f Persor	iled by More than າ	One Reporting		
(City)	(State)	(Zip)						
	Tal	ole I - Non-Deriva	tive Securities Acquired, Disposed of, or Benef	ficially Owne	d			

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)	ction	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially		7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Class A Common Stock	04/15/2020		A		10,167(1)	Α	\$0.27 ⁽²⁾	70,859	D	

								I	1.					
	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)	Title of 2. 3. Transaction 3A. Deemed 4. Privative Conversion Date Execution Date, or Conversion (Month/Day/Year) if any Cod		Transa Code (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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Explanation of Responses:

1. These shares are represented by fully vested restricted stock awards (the "RSAs").

2. The RSAs were issued to the Reporting Person in connection with the Reporting Person's election to participate in the Company's salary reduction program, pursuant to which the Reporting Person will receive RSAs in lieu of a percentage of the Reporting Person's cash compensation.

Remarks:

/s/ Joyce LaViscount

04/17/2020

** 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.