Instruction 1(b).

FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Section 16. Form 4 or Form 5 obligations may continue. See 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* Tyler Mitch E						2. Issuer Name and Ticker or Trading Symbol HELIUS MEDICAL TECHNOLOGIES, INC [HSDT]									k all applic Directo	able) r	g Pers	10% Ov	vner
(Last) (First) (Middle) C/O HELIUS MEDICAL TECHNOLOGIES, INC. 642 NEWTON YARDLEY ROAD, SUITE 100						3. Date of Earliest Transaction (Month/Day/Year) 01/10/2018									below)	(give title	Filing	Other (s below)	
(Street) NEWTOWN PA 18940				_ 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																			
		Tak	ole I - Nor	n-Deri	vativ	e Se	curities	s Acq	uired, [Disp	osed o	f, or Be	nefic	ially	Owned				
1. Title of Security (Instr. 3) 2. Trans Date (Month/l				/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dis		Disposed	ties Acquir I Of (D) (Ins	ed (A) o str. 3, 4	4 and Securition Benefici		es Fo ally (D) Following (I)		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D) Pr		ce	Transaction(s) (Instr. 3 and 4)				(11150.4)
Class A Common Stock 01/10/						2018			J ⁽¹⁾		829,545 A		\$(0.00	829	829,545		D	
		-	Table II -									or Ben ble secu			wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date,	4. Transa Code (8)		of		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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisable		xpiration ate	Title	Amou or Numb of Share	er					
Stock Option (Right to	\$10.99 ⁽²⁾	05/15/2018			A		12,500		(3)	0	5/15/2028	Class A Common Stock	12,5	00	\$0.00	12,500)	D	

Explanation of Responses:

- 1. Pro rata distribution from Advanced NeuroRehabilitation, LLC, of which the Reporting Person was a member.
- 2. Translated into US dollars from Canadian dollars based on buying rate from Bank of Canada. USD \$1.0000 = CAD \$1.2876 on May 15, 2018; based on exercise price of CAD \$14.15.
- 3. Grant to the Reporting Person of a stock option under the Issuer's 2016 Stock Incentive Plan. The shares vest in a series of twelve (12) successive equal monthly installments measured from May 15, 2018, subject to the Reporting Person's continued service through each applicable vesting date.

Remarks:

Buy)

/s/ Mitchell Tyler

05/17/2018

** 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.