FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	
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STATEMENT	OF	CHANGES	IN BEI	NEFICIAL	OWNER:	SHIP

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

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								
Name and Address of Reporting Person* ANDREEFF DANE	2. Issuer Name and Ticker or Trading Symbol HELIUS MEDICAL TECHNOLOGIES, INC. [HSDT]	5. F (Ch							

1. Name and Address of Reporting Person* ANDREEFF DANE]	2. Issuer Name and Ticker or Trading Symbol HELIUS MEDICAL TECHNOLOGIES, INC. [HSDT]								Relationship on the control of the c	able) r	g Perso	10% Ow	ner
(Last) (First) (Middle) C/O HELIUS MEDICAL TECHNOLOGIES INC. 642 NEWTOWN YARDLEY ROAD				(3. Date of Earliest Transaction (Month/Day/Year) 06/10/2020							6	Officer below)	(give title	Filing	Other (speck Apple	
(Street) NEWTO (City)	Street) NEWTOWN PA 18940					riieu	(MOHUI) Da	у/теаг)	Lin	e) X Form fi	led by One led by Mor	e Repo	ting Person One Reporti				
		Ta	able I - Non-D	erivat	tive S	ecurities	s Acc	quired,	Dis	posed o	f, or Be	neficial	y Owned				
Date				action 2A. Deemed Execution Date if any (Month/Day/Yea		Date,	e, Transaction Disposed Of (D Code (Instr.		ties Acquired (A) or d Of (D) (Instr. 3, 4 and 5)		Beneficia Owned Fo	s lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect Etr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) o (D)	r Price	Reported Transacti (Instr. 3 a				Instr. 4)
			Table II - De			curities lls, warr							Owned				
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.				Expiration Date of (Month/Day/Year) Ur			7. Title and Amour of Securities Underlying Deriva Security (Instr. 3 a 4)			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	ve es ally ig d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)		Date Exercisal:		Expiration Date	Title	Amount Number Shares		(Instr. 4)			
Stock Option (Right to	\$0.545	06/10/2020		A		61,218 ⁽¹⁾		(2)	(06/09/2030	Class A Common Stock	61,218	1) \$0.00	84,20	2 ⁽¹⁾	D	

Explanation of Responses:

- 1. This Form 4/A is being filed to amend an inadvertent error in the number of stock options granted to the Reporting Person in the Form 4 previously filed on June 12, 2020. The number of stock options reported on this amendment reflect the correct number of stock options granted to and held by the Reporting Person.
- 2. Grant to the Reporting Person of a stock option under the Issuer's 2018 Omnibus Incentive Plan. The shares vest in a series of twelve (12) successive equal monthly installments measured from June 10, 2020, subject to the Reporting Person's continued service through each applicable vesting date

Remarks:

/s/ Joyce LaViscount, Attorney-

06/16/2020

** 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.