FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

D.C. 20549	OMB APPROVAL

OMB Number: 3235-0287
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## 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

1. Name and Address of Reporting Person*  Peng Huaizheng					2. Issuer Name and Ticker or Trading Symbol HELIUS MEDICAL TECHNOLOGIES, INC. [ HSDT ]							(Che	elationship of eck all applica  Director	able)	Perso	10% Ov	vner	
(Last) (First) (Middle) C/O HELIUS MEDICAL TECHNOLOGIES, INC. 642 NEWTOWN YARDLEY ROAD, SUITE 100					3. Date of Earliest Transaction (Month/Day/Year) 12/07/2019									below)	give title		Other (s below)	ресіту
(Street) NEWTOWN PA 18940			4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. 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)															
1. Title of Security (Instr. 3)  2. Transa Date					action ZA. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securitie Disposed Code (Instr.		es Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
			Table II -								osed of, o			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Co	nsaction de (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)		te	of Securities		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	e Owners For ally Director In (I) (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	de \	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		Transacti (Instr. 4)	on(s)		
Stock Option (Right to Buy)	\$4.48	12/07/2019		D(	(1)			10,000	(2)		12/31/2020	Class A Common Stock	10,000	\$0.00	0		D	
Stock Option (Right to Buy)	\$4.48	12/07/2019		A <sup>(</sup>	(1)		10,000		(2)		12/31/2025	Class A Common Stock	10,000	\$0.00	10,00	0	D	
Stock Option (Right to Buy)	\$5.35	12/07/2019		D(	(3)			15,000	(2)		07/13/2020	Class A Common Stock	15,000	\$0.00	0		D	
Stock Option (Right to	\$5.35	12/07/2019		A <sup>(</sup>	(3)		15,000		(2)		07/13/2026	Class A Common Stock	15,000	\$0.00	15,00	0	D	

## **Explanation of Responses:**

- 1. These two reported transactions involved an amendment of an outstanding option originally granted on December 31, 2015 resulting in the deemed cancellation of the December 31, 2015 option and the grant of a replacement option with the same terms other than the expiration date.
- 2. Immediately exercisable.
- 3. 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.

## Remarks:

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.

/s/ Philippe Deschamps, Attorney-in-Fact 12/16/2019

\*\* Signature of Reporting Person Date

 $\label{lem:Remodel} \textit{Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.}$ 

- \* 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.