FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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

1 Name ar	nd Address of	Reporting Person*			2. Is	ssuer	Name a	nd Tic	ker or Tr	ading	Symbol				elationship		g Pers	son(s) to Iss	suer
Perkins Sherrie L				HELIUS MEDICAL TECHNOLOGIES,							1.	(Check all applicable) X Director 10% Own				unor			
					INC. [HSDT]						'	_				1			
(Last)	(Fi	rst) ((Middle)												below)	(give title		Other (s below)	specily
C/O HELIUS MEDICAL TECHNOLOGIES INC. 642					3. Date of Earliest Transaction (Month/Day/Year) 05/25/2021														
642 NEWTOWN YARDLEY ROAD SUITE 100					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)															,	iled by One	e Reno	ortina Perso	n
NEWTO	WN PA	Δ :	18940											X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate) ((Zip)																
		Tab	le I - Non	n-Deriv	ative	Se	curitie	s Ac	quired	, Dis	posed	of, or	Bene	ficial	y Owned	i			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		n Date	e, Transaction Disp Code (Instr. 5)						Benefici	es Fo ially (D) Following (I)		n: Direct r Indirect sstr. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	mount (A) or (D)		Price	Transac (Instr. 3	ction(s)			(Instr. 4)			
Class A Common Stock 05/25/				/2021 A 937 ⁽¹⁾ A		\$0.00) 9	937		D									
	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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			ransaction of ode (Instr. Derivativ		tive ties red sed	Expiration Date			7. Title and Amount of Securities Underlying Derivative Secu (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)	(D)	Date Exercisa		Expiration Date	Title	or No of	umber					
Stock Option (Right to Buy)	\$13.3	05/25/2021			A		3,063		(2)		05/25/2031	Class Comm Stoc	ion 3	3,063	\$0.00	3,063		D	

Explanation of Responses:

- 1. Grant to the Reporting Person of restricted stock units ("RSUs") under the Issuer's 2018 Omnibus Incentive Plan. The RSUs vest in a series of twelve (12) successive equal monthly installments on the last day of each month so that all of the RSUs will be vested on the one-year anniversary of the grant date, subject to the Reporting Person's continued service through each applicable vesting period.
- 2. Grant to the Reporting Person of a stock option under the Issuer's 2018 Omnibus Incentive Plan. The options vest in a series of twelve (12) successive equal monthly installments on the last day of each month so that all of the options will be vested on the one-year anniversary of the grant date, subject to the Reporting Person's continued service through each applicable vesting period.

Remarks:

/s/ Joyce LaViscount, Attorney-in-Fact

05/27/2021

** 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.