FORM 4

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

Washington,	D.C.	20549
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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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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*     LaViscount Joyce N						2. Issuer Name and Ticker or Trading Symbol HELIUS MEDICAL TECHNOLOGIES, INC. [ HSDT ]								(Chec	k all app Direc	licable)	ng Person(s) to Is 10% O Other (		wner	
(Last) (First) (Middle) 642 NEWTOWN-YARDLEY ROAD SUITE 100						3. Date of Earliest Transaction (Month/Day/Year) 06/15/2020								Λ	X below) CFO and COO					
(Street) NEWTO			8940 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)     5. Individual or Joint/Group Filing (Check App Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person										on					
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or E	Benef	icially	Own	ed				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)					Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acq Disposed Of (D) 5)						5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) (D)	(A) or (D) Price		Transaction(s) (Instr. 3 and 4)				(		
Class A Common Stock 06/15/20					!020			A		5,602(1)	) A \$0		).49 <sup>(2)</sup>	93,918			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)	tive Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any		Code ( 8)	Transaction of Code (Instr. Derivative		vative prities priced r osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Dei See (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall' Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## **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

06/16/2020

\*\* Signature of Reporting Person

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.