FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number: 3235-028											
Estimated average burden											
hours nor resnance	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

Name and Address of Reporting Person* Deschamps Philippe				HE	2. Issuer Name and Ticker or Trading Symbol HELIUS MEDICAL TECHNOLOGIES, INC. [HSDT]								5. Relationship of Reportin (Check all applicable) X Director			ng Pers	10% Owner		
(Last)	,	,	Middle)		3. Da	Date of Earliest Transaction (Month/Day/Year)							_	X	Office	er (give title v) President	and (Other (: below)	specify
642 NEWTOWN-YARDLEY ROAD SUITE 100					04/3	04/30/2020								Trestacia and ODO					
(Street)					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
NEWTO			8940													n filed by More than One Reporting			
(City)	(Si		Zip)			_													
			I - No	n-Deriva	tive S	_			uired,	, Dis	posed of	-			/ Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day.					Execution Date,					s Acquired (A) or Of (D) (Instr. 3, 4 and			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)	Pri	се	Transa	action(s) 3 and 4)			(instr. 4)
Class A Common Stock 04/30/20					2020)20			A		9,320(1)	A	. \$0	.43 ⁽²⁾	90	90,858		D	
Class A Common Stock														666,911				By LLC ⁽³⁾	
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, or Exercise (Month/Day/Year) if any			ion Date,	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	r osed) r. 3, 4	6. Date Expirat (Month	ion Da		Amount of		8. Price Derivati Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y C	LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amour or Number of Shares	er					

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
- 3. These securities are directly held by Deschamps Global Healthcare Commercialization LLC (the "LLC") and includes shares previously held directly by MPJ Healthcare, LLC ("MPJ"). The Reporting Person is a member of MPJ and is the sole member of the LLC.

Remarks:

/s/ Philippe Deschamps

05/01/2020

** 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.