FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
ı										
l	OMB Number: 3235-02									
l	Estimated average burden									
l	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

									, ,							
1. Name and Address of Reporting Person* Peng Huaizheng					2. Issuer Name and Ticker or Trading Symbol HELIUS MEDICAL TECHNOLOGIES, INC. [ HSDT ]					(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
											V Director	r	10% O	vner		
(Last)	.ast) (First) (Middle)											Officer below)	Officer (give title below)		specify	
C/O HELIUS MEDICAL TECHNOLOGIES, INC.						3. Date of Earliest Transaction (Month/Day/Year)										
,						04/17/2017										
SUITE 400, 41 UNIVERSITY DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)						6 In	6. Individual or Joint/Group Filing (Check Applicable				
(0)				— I "	T. II Amendment, Date of Original Fried (Month/Day/Teal)						Line)					
(Street) NEWTO	WN PA	<b>\</b>	18940									Form filed by One Reporting Person				
NEWTOWN FA 18940		10740									Form fil Person	iled by More than One Reporting		ting		
(City)	(S	tate)	(Zip)									1 613011				
		Та	ble I - Non-D	erivati	ve Se	curities	s Ac	quired, Di	sposed o	of, or Be	neficially	/ Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				е	Execution Date Day/Year) if any		Code (Instr.		ed (A) or str. 3, 4 and s	Beneficia	Form (D) o	orm: Direct D) or Indirect	7. Nature of Indirect			
						(Month/Day/		ar) 8)				Owned For Reported	ı " ''` ı		Ownership Instr. 4)	
								Code V	Amount	(A) o (D)	Price	Transacti (Instr. 3 a				
			Table II - Dei	ivative	Sec	urities	Acq	uired, Dis	posed of	, or Ben	eficially	Owned				
			(e.g	ı., puts	s, call	ls, warr	ants	s, options,	converti	ble secu	ırities)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Execution (Month/Day/Year) if any	3A. Deemed Execution Date, if any (Month/Day/Year)	Date, Transaction				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	,		
Stock Option (Right to Buy)	\$1.63 <sup>(1)</sup>	04/17/2017		A		100,000		(2)	04/17/2027	Class A Common Stock	100,000	\$0.00	100,000	D		

## Explanation of Responses:

- 1. Translated into US dollars from Canadian dollars based on buying rate from Federal Reserve Bank. USD \$1.0000 = CAD \$1.3277 on April 17, 2017; based on exercise price of CAD \$2.16
- 2. Grant to the Reporting Person of a stock option under the Issuer's 2014 Stock Incentive Plan. The shares vest over four years with 25% of the shares vesting on April 17, 2018 and the remaining shares vesting annually in three equal installments on April 17, 2019, 2020 and 2021, subject to the Reporting Person's continued service through each applicable vesting date.

## Remarks:

/s/ Huaizheng Peng

04/19/2017

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.