SEC For																						
FORM 4 UNITED STA					TES	TES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549												OMB APPROVAL				
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See							NT OF CHANGES IN BENEFICIAL OWNERSHIP												OMB Number: 3235-0287 Estimated average burden hours per response: 0.5			
	tion 1(b).		I 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 <sup>*</sup> Walter Blane					H	2. Issuer Name and Ticker or Trading Symbol HELIUS MEDICAL TECHNOLOGIES, INC. [HSDT]										elationship o ck all applio	able) r	g Pers	ner			
(Last) C/O HEI	st) (First) (Middle) O HELIUS MEDICAL TECHNOLOGIES, INC.					3. Date of Earliest Transaction (Month/Day/Year) 07/02/2024										below)	(give title	e title Other (s below)		pecity		
642 NEWTOWN YARDLEY ROAD, SUITE 100					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) NEWTO	(Street) NEWTOWN PA 18940															Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)					R	Rule 10b5-1(c) Transaction Indication																
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													to									
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
1. Title of Security (Instr. 3) 2. Transa Date (Month/E					ar) i	Execution if any	A. Deemed accution Date, any lonth/Day/Year)		Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				s Form Illy (D) o ollowing (I) (In		: Direct r Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership				
									Ì	Code \	'	Amount	(A) or (D) Price		rice	Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
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)	ve Conversion Date or Exercise (Month/Day/Year) if any			ate,	4. Transa Code (1 3)		5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (II 3, 4 and	ve es ed ed nstr.	Ex	6. Date Exercisable ar Expiration Date (Month/Day/Year)			7. Title and Amc 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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)		ate xercisable		xpiration ate	Title	or	ount nber res							
Stock Option (Right to Buy)	\$0.965	07/02/2024			A		31,000			(1)	0	7/01/2034	Class A Common Stock		000	\$0	31,000	0	D			

Explanation of Responses:

1. Grant to the Reporting Person of a stock option under the Issuer's 2022 Equity Incentive Plan. The options vest in a series of four (4) successive equal quarterly installments on the last day of each quarter starting September 30, 2024, subject to the Reporting Person's continued service through each applicable vesting period.

/s/ Emily J. Johns, by Power of Attorney	07/05/2024
** Signature of Reporting Person	Date

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

 $^{\ast}$  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.