FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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response...

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 OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or

1. Name and Addres TOTH ROBERT	Symbol	2. Issuer Name and Ticker or Trading Symbol DelMar Pharmaceuticals, Inc. [DMPI]				Is PII	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last) (SUITE 720-999 V	~ ~	3. Date of Earliest Transaction (Month/Day/Year) 01/29/2014 4. If Amendment, Date Original Filed(Month/Day/Year)					Officer (give title Other (specify below) 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				elow)			
VANCOUVER, A														
(City)	State) (Zip)	Table I - N	on-Deri	ivati	ve Securi	ties A	Acquire	ed, Disposed	of, or I	Beneficia	lly Owned	l		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transact Code (Instr. 8)		4. Secur Acquired Dispose (Instr. 3,	l (A) l of (or D) d 5)	5. Amount of Securities Beneficially O Following Rep Transaction(s) (Instr. 3 and 4	ported	6. Owners Form: Direct (i or Indirect) (I) (Instr. 4	ect (Instr.	irect cial rship		
COMMON STOCK	01/29/2014		P		7,500	A	\$ 0.91	7,500		D				
Reminder: Report on directly or indirectly.	a separate line for each	h class of securities	beneficia	ally	owned									
	Table II - Do	rivative Securities	Acquire	Pei info req cur	rsons whormation puired to rrently v	resp alid (ntained pond u OMB c	-	are n rm dis er.	ot	,	1474		
directly or indirectly.	Table II - Do	rivative Securities z., puts, calls, warr	Acquire	Pei info req cur	rsons whormation puired to rently v Disposed as, conve	respalid (ntained bond u OMB c r Benef	I in this form inless the for control numb icially Owned ties)	are n rm dis per.	ot splays a	(<u>(</u>	9-02)	10	II Natur
	Table II - Do (e.g.) 3. Transaction Date (Month/Day/Year	rivative Securities g., puts, calls, warn 3A. Deemed Execution Date, if	Acquire ants, op 4. Transac Code	Per info req cur ed, I otion	rsons whormation pured to rently volumes, converted to 5.	respand of, or tible	ontained oond u OMB c r Benefi securit Date E	I in this form nless the for ontrol numb icially Owned	are n rm dis er.	e and ont of clying ities	8. Price of		Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficial Ownershi (Instr. 4)

Barratina Comman Nama (Addina	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
TOTH ROBERT JOSEPH JR SUITE 720-999 WEST BROADWAY VANCOUVER, A1 V5Z 1K5	X					

Signatures

/s/ Robert Toth	01/31/2014
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.