### FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
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hours par 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)

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	ne Response:	s)						r									
(Print or Type Responses)  1. Name and Address of Reporting Person * TOTH ROBERT JOSEPH JR				2. Issuer Name and Ticker or Trading Symbol DelMar Pharmaceuticals, Inc. [DMPI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 12707 HIGH BLUFF DR., SUITE 200				3. Date of Earliest Transaction (Month/Day/Year) 09/05/2019								Officer (give title below) Other (specify below)					
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person					
SAN DIEGO, CA 92130 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqui								ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea		2A. Deemed Execution Date, if any (Month/Day/Year)		Date, if (		8)	4. Securities Acqu (A) or Disposed c (Instr. 3, 4 and 5)  (A) or Amount (D)		of (D) O				Ownership Form: H Direct (D)	7. Nature of Indirect Beneficial Ownership Instr. 4)			
Reminder:	Report on a s	separate line f	or each cl	ass of securities					Perso in this	ns who i form ar ys a cur	e not r	equired valid ON	to respond IB control	d unless the	tion contain e form	ed SEC 1	474 (9-02)
	1				(e.g., pu		alls, war	rants	, options, c	onvertib	le secur	ities)					
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Year)	/Year) Ex	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title a of Under Securitie (Instr. 3	es	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownershi Form of Derivativ Security: Direct (D or Indirect	Beneficia Ownershi (Instr. 4)
					Code	V	(A)	(D)	Date Exercisable	Expira Date	ntion	Title	Amoun or Numbe of Shares		(Instr. 4)	(Instr. 4)	
Options (Right to Buy)	\$ 0.61	09/05/20	019		A		39,567	7	(1)	09/05	5/2029	Comm	139.56	\$ 0	39,567	D	
Options (Right to Buy)	\$ 0.61	09/05/20	019		A		35,433	3	(2)	09/05	5/2029	Comm	135 43	\$ 0	35,433	D	
Repor	ting O	wners															
Relationsh			ips														
Reporting Owner Name / Address Director Owner		Officer	Othe	er													

### **Signatures**

SUITE 200

TOTH ROBERT JOSEPH JR 12707 HIGH BLUFF DR.

SAN DIEGO, CA 92130

/s/ Anthony Scott Praill, attorney-in-fact for Robert Joseph Jr. Toth	09/09/2019
<sup>**</sup> Signature of Reporting Person	Date

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

X

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

- Subject to stockholder approval of the increase in the number of shares authorized for issuance under the DelMar Pharmaceuticals, Inc. 2017 Omnibus Equity Incentive Plan, as amended, at the next annual meeting, the shares subject to the option vest in twelve (12) equal monthly installments beginning on October 5, 2019.
- (2) The shares subject to the option vest in twelve (12) equal monthly installments beginning on October 5, 2019.

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.