| FORM | 4 |
|------|---|
|------|---|

| Check this box if no  |
|-----------------------|
| longer subject to     |
| Section 16. Form 4 or |
| Form 5 obligations    |
| may continue. See     |
| Instruction 1(b).     |
|                       |

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response ..

#### 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

| (Fint of Type Responses)   |  |                                      |               |          |   |                                |        |  |                   |                         |
|--|--|--------------------------------------|---------------|----------|---|--------------------------------|--------|--|-------------------|-------------------------|
| 1. Name and Address of Reporting Person <sup>*</sup><br>Cranston Lynda Sarah |  | 2. Issuer Name and<br>DelMar Pharmac |               |          | 0 5   |                                |        | 5. Relationship of Reporting Person(s)<br>(Check all applical<br>X_Director10  |                   |                         |
| (Last) (First)<br>12707 HIGH BLUFF DR., SUITE 2                              |  | 3. Date of Earliest Tr<br>09/05/2019 | ransaction (N | Montl    | h/Day/Yea                                       | ır)                            |        | Officer (give title below)Of   | her (specify belo | w)                      |
| (Street)<br>SAN DIEGO, CA 92130  |  | 4. If Amendment, Da                  | ate Original  | Filed    | (Month/Day/                                     | Year)                          |        | 6. Individual or Joint/Group FilingChea<br>_X_Form filed by One Reporting Person<br>Form filed by More than One Reporting Person |                   | ne)                     |
| (City) (State)   | (Zip)                                      | r                                    | Fable I - No  | n-De     | rivative S                                      | ecuritie                       | s Acqu | ired, Disposed of, or Beneficially Own   | ned               |                         |
|  | 2. Transaction<br>Date<br>(Month/Day/Year) | Execution Date, if                   | (Instr. 8)    | ion<br>V | 4. Securit<br>(A) or Di<br>(Instr. 3,<br>Amount | sposed o<br>4 and 5)<br>(A) or |        | Transaction(s)<br>(Instr. 3 and 4)   |                   | Beneficial<br>Ownership |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

|                              |            |            |                    | ( <i>e.g.</i> , pu | ts, ca    | alls, warr  | ants,                      | , options, cor | vertible securi    | ities)  |  |                                      |  |   |            |
|------------------------------|------------|------------|--------------------|--------------------|-----------|---|----------------------------|----------------|--------------------|---|--|--------------------------------------|--|---|------------|
|                              | Conversion |            | Execution Date, if | Code               | tion<br>) | 5. Numbo<br>of Deriva<br>Securitie<br>Acquired<br>or Dispos<br>of (D)<br>(Instr. 3,<br>and 5) | ntive<br>s<br>l (A)<br>sed | (Month/Day     | Date<br>/Year)     | 7. Title and<br>of Underlyin<br>Securities<br>(Instr. 3 and | ıg                                     | Derivative<br>Security<br>(Instr. 5) | Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s) | Ownership<br>Form of<br>Derivative<br>Security:<br>Direct (D)<br>or Indirect<br>(I) | Beneficial |
|                              |            |            |                    | Code               | v         | (A)   |                            | Exercisable    | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |                                      | (Instr. 4)   | (Instr. 4)  |            |
| Options<br>(Right<br>to Buy) | \$ 0.61    | 09/05/2019 |                    | А                  |           | 39,567  |                            | (1)            | 09/05/2029         | Common<br>Stock   | 39,567                                 | \$ 0                                 | 39,567   | D   |            |
| Options<br>(Right<br>to Buy) | \$ 0.61    | 09/05/2019 |                    | А                  |           | 35,433  |                            | <u>(2)</u>     | 09/05/2029         | Common<br>Stock   | 35,433                                 | \$ 0                                 | 35,433   | D   |            |

## **Reporting Owners**

|  |          | Relationsl   | nips    |       |
|--|----------|--------------|---------|-------|
| Reporting Owner Name /<br>Address  | Director | 10%<br>Owner | Officer | Other |
| Cranston Lynda Sarah<br>12707 HIGH BLUFF DR.<br>SUITE 200<br>SAN DIEGO, CA 92130 | Х        |              |         |       |

### **Signatures**

|--|

\*\*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).

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, (1) 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.