FORM 4

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

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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

Instru	ction 1(b).				In	ves	stment C	omp	pany Act of	f 1940						
(Print or Ty	pe Response	s)														
Name and Address of Reporting Person Brown Dennis M					2. Issuer Name and Ticker or Trading Symbol DelMar Pharmaceuticals, Inc. [DMPI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) 12707 HIGH BLUFF DR., SUITE 200				3. Date of	3. Date of Earliest Transaction (Month/Day/Year) 09/05/2019						Director 10% Owner X Officer (give title below) Other (specify below) Chief Scientific Officer					
(Street) 4. If					4. If Am	If Amendment, Date Original Filed(Month/Day/Year) 6. Individual or Joint/Group Filing(Check Applicable Line) X. Form filed by One Reporting Person							e)			
SAN DIEGO, CA 92130					Form filed by More than One Reporting Person											
(City) (State) (Zip)					Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								ed			
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea		Execution Date, if any (Month/Day/Year)			Code	(A) or		of (D) Ow Tra	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Reminder:	Report on a s	separate line	for each	class of securitie	s beneficia	ally (owned dire	ectly	Persons in this f	s who respon orm are not res	equired to	respond	unless the		ed SEC	1474 (9-02)
				Table II						sed of, or Bene nvertible secur		vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		y/Year)	Execution Date, if		Transaction Code (Instr. 8)		5. Number of Derivative		6. Date Exercisable and Expiration Date		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownersh Form of Derivativ Security Direct (I or Indire s) (I)	(Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Options (Right to Buy)	\$ 0.61	09/05/2019			A		52,756		(1)	09/05/2029	Commo Stock	n 52,756	\$ 0	52,756	D	
Options (Right to Buy)	\$ 0.61	09/05/2	019		A		47,244		(2)	09/05/2029	Commo Stock	n 47,244	\$ 0	47,244	D	
Repoi	ting O	wners														
Reporting Owner Name / Relationships																
10%			Officer	Officer			Other									
Brown Dennis M 12707 HIGH BLUFF DR. SUITE 200 SAN DIEGO, CA 92130			Chief Scientific Officer			er										
Signa	tures															
/s/ Anthony Scott Praill, attorney-in-fact for Dennis M. Brown						n		09/09/2019	9							
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, 1/6th of the options vest on March 5, 2020 with the remaining shares vesting in equal monthly installments over a period of 30 months commencing on April 5, 2020.
- (2) 1/6th of the options vest on March 5, 2020 with the remaining shares vesting in equal monthly installments over a period of 30 months commencing on April 5, 2020.

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.