	FORM	4
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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).

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

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

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

(Print or Type Responses)										
1. Name and Address of Reporting Bell John K	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) 12707 HIGH BLUFF DR., S	3. Date of Earliest Transaction (Month/Day/Year) 09/05/2019						Officer (give title below) O	ther (specify belo	ow)	
(Street) SAN DIEGO, CA 92130	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person			
(City) (State)	(Zip)		Fable I - No	on-De	erivative S	iired, Disposed of, or Beneficially Ow	ned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	(Instr. 8)		4. Securi (A) or Di (Instr. 3, Amount	sposed o 4 and 5) (A) or	f(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial 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

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative Security (Instr. 3)	Conversion	Date (Month/Day/Year)	· · · · · · · · · · · · · · · · · · ·	Code	tion)	Securitie Acquired	Corrivative Expiration Date Securities (Month/Day/Year) cquired (A) Disposed °C(D) nstr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s)	Derivative Security: Direct (D) or Indirect (I)	Beneficial	
				Code	v	(A)	(D)	Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Options (Right to Buy)	\$ 0.61	09/05/2019		А		39,567		<u>(1)</u>	09/05/2029	Common Stock	39,567	\$ 0	39,567	D	
Options (Right to Buy)	\$ 0.61	09/05/2019		А		35,433		<u>(2)</u>	09/05/2029	Common Stock	35,433	\$ 0	35,433	D	

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Bell John K 12707 HIGH BLUFF DR. SUITE 200 SAN DIEGO, CA 92130	Х							

Signatures

/s/ Anthony Scott Praill, attorney-in-fact for John K. Bell	09/09/2019		
*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.