FORM 4

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

OMB APPROVAL
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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

1. Name and Address of Reporting Person * 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)XDirector10% Owner								
(Last) (First) (Middle) 12707 HIGH BLUFF DR., SUITE 200					3. Date of Earliest Transaction (Month/Day/Year) 09/13/2019								Office	r (give title belo	ow)	Othe	er (specif	y below	7)		
(Street)					4. If Amendment, Date Original Filed(Month/Day/Year) 09/16/2019							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person									
SAN DII	EGO, CA 9	92130 (State)		(Zip)																	
		(State)	T						Nor						, .	osed of, or I		·			
(Instr. 3)			Date (Month/Day/Year) ar		Execut	A. Deemed xecution Date, if ny Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		d of (D	f(D) Beneficia		nt of Securities ally Owned Following Transaction(s) and 4)		6. Ownership Form: Direct (D) or Indirect		Indire Benef Owne	ricial ership	
								Code	,	V	Amount	(A) or (D)	Pric	ee				(I) (Instr		(Instr.	. 4)
Common	ı Stock		09/13/	/2019				Р			35,000	A	\$ 0.673 (1)	84	35,000			Ι			stered rement me
Common Stock														9,701			I		Held Onbe Capi Inc.	elay	
Reminder:	Report on a s	separate line	for each		- Deriv	ative Sec	curi	ties Acc	quire	Pe co the	rsons w ntained e form di	ho re in thi splay	s form ys a co	n are urre ficial	e not requ	ction of inf lired to res OMB conf	spond u	nless	SE	C 147	4 (9-02)
1. Title of	2.	3. Transact	ion	3A. Deeme		outs, call	s, w	5.	s, op		ns, conver				itle and	8. Price of	9. Numl	per of	10.		11. Nature
	Conversion or Exercise Price of Derivative Security	Date (Month/Da		Execution 1	Date, if	Transac Code			ative ties red sed	an (N	nd Expiration Date Month/Day/Year) A U S		Am Und Sec	ount of derlying urities tr. 3 and	Derivative Security (Instr. 5)	Derivati Securitie Benefici Owned Followin Reporte	ve Owne Form Deriv Secur Direct or Inction(s) (I)		ership of ative ity: t (D) lirect	of Indirect Beneficial Ownershij (Instr. 4)	
						Code	V	(A)	(D)		ate xercisable		ration	Title	Amount or Number of Shares						

Reporting Owners

D 4 0 V 4	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Bell John K 12707 HIGH BLUFF DR. SUITE 200 SAN DIEGO, CA 92130	X							

Signatures

/s/ Anthony Scott Praill, attorney-in-fact for John K. Bell	09/19/2019		
**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).
- The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$0.6551 to \$0.68 per share,
- (1) inclusive. The reporting person undertakes to provide to DelMar Pharmaceuticals, Inc., any security holder of DelMar Pharmaceuticals, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth herein.
- (2) This Form 4/A amends the Form 4 filed by the reporting person on September 16, 2019 solely to amend the disclosure of the shares beneficially owned as of such date by the reporting person.

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.