FORM 3

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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB 3235-Number: 0104 Estimated average burden hours per response... 0.5

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 Person [*] – Cranston Lynda Sarah	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol DelMar Pharmaceuticals, Inc. [DMPI]			
(Last) (First) (Middle) SUITE 720-999 WEST BROADWAY	02/05/2015	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date Original Filed(Month/Day/Year)
^(Street) VANCOUVER, A1 V5Z 1K5		X_ Director 10% Ow Officer (give Other (s title below) below)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person
(City) (State) (Zip)	Table I - Non-Derivative Securities Beneficially Owned				
1.Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)		4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock 0			D		

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 in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1473 (7-02)

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

(Instr. 4)	Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying		4. Conversion or Exercise		6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	· · ·	Direct (D) or Indirect (I)	
Options (Right to Buy)	02/05/2015 ⁽¹⁾	02/05/2025	Common Stock	120,000	\$ 0.74	D	

Reporting Owners

Reporting Owner Name / Address	Relationships					
Reporting Owner Wante / Multess	Director	10% Owner	Officer	Other		
Cranston Lynda Sarah SUITE 720-999 WEST BROADWAY VANCOUVER, A1 V5Z 1K5	Х					

Signatures

/s/ Lynda Cranston	02/11/2015
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).
- (1) The options vest in equal monthly installments over one year.

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.