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

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

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

02)

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

| (Finit of 1 ype Responses) | | | | | | | | | | |
|---|--|--|---|--|--|---|--|---|---|--|
| 1. Name and Address of Reporting Person – BACHA JEFFREY | | | | . . | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Middle) WAY | 3. Date of Earliest Transaction (Month/Day/Year) 09/18/2015 | | | | | | X_Officer (give title below) Other (specify below) President, CEO | | | |
| (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) ANCOUVER, A1 V5Z 1K5 | | | | |) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (Zip) | Table I - Non-Derivative Securities Acqu | | | | | a Acqui | ired, Disposed of, or Beneficially Owned | | | |
| Date (Month/Day/Year) | Execution Date, if any | Code (Instr. 8) | tion | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Beneficial Ownership | |
| 09/18/2015 | | Code P | V | Amount 4,000 | A | Price \$ 0.83 | 127,485 | (Instr. 4) D | | |
| | (Middle) WAY (Zip) 2. Transaction Date (Month/Day/Year) | DelMar Pharman (Middle) 3. Date of Earliest '09/18/2015 WAY 09/18/2015 4. If Amendment, I (Zip) Table 2. Transaction 2A. Deemed Date Execution Date, if any (Month/Day/Year) | DelMar Pharmaceuticals, (Middle) 3. Date of Earliest Transaction 09/18/2015 WAY 09/18/2015 4. If Amendment, Date Origin (Zip) Table I - Non-I 2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 3. Transac Code (Instr. 8) Code Odd | DelMar Pharmaceuticals, Inc. (Middle) 3. Date of Earliest Transaction (M 09/18/2015 WAY 09/18/2015 4. If Amendment, Date Original Fill (Zip) Table I - Non-Derif 2. Transaction Date (Month/Day/Year) 3. Transaction Execution Date, if any (Month/Day/Year) 3. Transaction Code (Instr. 8) Code V | (Middle) DelMar Pharmaceuticals, Inc. [DMPI] (Middle) 3. Date of Earliest Transaction (Month/Day 09/18/2015 4. If Amendment, Date Original Filed(Month (Zip) Table I - Non-Derivative Se 2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 3. Transaction (A) or D (Instr. 8) (Month/Day/Year) Code V Amount | DelMar Pharmaceuticals, Inc. [DMPI] (Middle) WAY 3. Date of Earliest Transaction (Month/Day/Year) 09/18/2015 4. If Amendment, Date Original Filed(Month/Day/Year) (Zip) Table I - Non-Derivative Securities 2. Transaction Date (Month/Day/Year) 2A. Deemed Date (Month/Day/Year) 3. Transaction Code (Instr. 8) 4. Securities Ac Code (Instr. 8) (Month/Day/Year) 0. Transaction (D) 1. Transaction (D) 4. Securities Ac (D) 09/18/2015 P 4.000 A | (Middle) 3. Date of Earliest Transaction (Month/Day/Year) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) (Zip) 4. If Amendment, Date Original Filed(Month/Day/Year) (Zip) Table I - Non-Derivative Securities Acquired 2. Transaction Date (Month/Day/Year) 3. Transaction Code (Month/Day/Year) (Month/Day/Year) 3. Transaction Code (Instr. 8) (Month/Day/Year) 6. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | (Middle) DelMar Pharmaceuticals, Inc. [DMPI] (Check all appling the president, Clever and the president and the presi | Image: Second | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1474 (9-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.

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

| (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|--|-------------|------------------|--------------------|-------------|------|---------|--------------|------------|--------|---------|-------------|----------------|-------------|-------------|
| 1. Title of | 2. | 3. Transaction | 3A. Deemed | 4. | 5. N | lumber | 6. Date Exer | cisable | 7. Tit | le and | 8. Price of | 9. Number of | 10. | 11. Nature |
| Derivative | Conversion | Date | Execution Date, if | Transaction | n of | | and Expirati | on Date | Amo | unt of | Derivative | Derivative | Ownership | of Indirect |
| Security | or Exercise | (Month/Day/Year) | any | Code | Der | ivative | (Month/Day | /Year) | Unde | rlying | Security | Securities | Form of | Beneficial |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Sec | urities | | | Secu | rities | (Instr. 5) | Beneficially | Derivative | Ownership |
| | Derivative | | | | Acc | luired | | | (Instr | : 3 and | | Owned | Security: | (Instr. 4) |
| | Security | | | | (A) | or | | | 4) | | | 0 | Direct (D) | |
| | | | | | Dis | posed | | | | | | Reported | or Indirect | |
| | | | | | of (| | | | | | | Transaction(s) | < / | |
| | | | | | | tr. 3, | | | | | | (Instr. 4) | (Instr. 4) | |
| | | | | | 4, a | nd 5) | | | | | | | | |
| | | | | | | | | | | Amount | | | | |
| | | | | | | | Date | Expiration | | or | | | | |
| | | | | | | | Exercisable | | Title | Number | | | | |
| | | | | | | | Excicisable | Date | | of | | | | |
| | | | | Code V | (A) | (D) | | | | Shares | | | | |

Reporting Owners

| Describer Operation Name (Address | Relationships | | | | | | |
|---|---------------|-----------|----------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| BACHA JEFFREY SUITE 720-999 WEST BROADWAY VANCOUVER, A1 V5Z 1K5 | Х | Х | President, CEO | | | | |

Signatures

| /s/ Jeffrey Bacha | 09/22/2015 |
|----------------------------------|------------|
| 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).

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.