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 0.5 hours per response..

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 Ty	pe Response	es)														
Name an Cranston	2. Issuer Name and Ticker or Trading Symbol DelMar Pharmaceuticals, Inc. [DMP]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last) (First) (Middle) SUITE 720-999 WEST BROADWAY				3. Date of Earliest Transaction (Month/Day/Year) 04/29/2016								Officer (give title below) Other (specify below)				
(Street) VANCOUVER, A1 V5Z 1K5				4. If Amendment, Date Original Filed(Month/Day/Year)								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)			Tabl	le I - I	Non-Deri	vativ	e Securitie	es Acquir	ed, Dispose	ed of, or Be	neficially Ow	ned	
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	n Dat	e, if C		saction 8)	4. Se (A) o	curities Ac or Disposed c. 3, 4 and 5	quired 5 l of (D) E R	. Amount of Beneficially Reported Tra Instr. 3 and	f Securities Owned Foll ansaction(s)	lowing	5. Ownership Form:	Beneficial Ownership
Reminder:	Report on a	separate line for ea	Table II -	Derivative	Seci	urities	Acqu	Perso conta form	ons v ined disp	who respo in this fo lays a cur I of, or Be	orm are rerestly vently vently	alid OMB	ed to resp	ond unless		474 (9-02)
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Yea	3A. Deemed Execution Date,	Code		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersh Form of Derivativ Security: Direct (D or Indirect	Beneficia Ownershi : (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisal	ble	Expiration Date	Title	Amount or Number of Shares				
Series B Preferred Stock	(1)	04/29/2016		P(2)		1,250)	04/29/2	016	(3)	Commo	on 12 500	\$ 8	1,250	D	
Repor	ting O	wners														
Reporting Owner Name / Address			Relationshi % Owner	ps Offic	cer O	ther										
Cranston	Lynda Sar	ah														

Signatures

/s/ Lynda Cranston	05/02/2016
**Signature of Reporting Person	Date

SUITE 720-999 WEST BROADWAY

VANCOUVER, A1 V5Z 1K5

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

X

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- The Series B Preferred stock is convertible into such number of shares of common stock equal to the number of Preferred Shares to be converted, multiplied by the Stated Value of (1) \$8.00, divided by the Conversion Price in effect at the time of the conversion (the initial Conversion Price will be \$0.80, subject to adjustment in the event of stock splits, stock dividends, and similar transactions).
- (2) The Reporting Person purchased Series B Preferred Stock from the Company in a private placement on April 29, 2016 (the "Private Placement").
 - The Series B Preferred Stock will automatically convert to common stock at the earlier of (a) the Company's lead product candidate, VAL-083, receiving Food and Drug
- (3) Administration or European Medicines Agency approval (provided that, at the time of such approval, the closing bid price of the common stock is at least \$2.00 (subject to adjustment for stock splits or stock dividends) or (b) five years from the final closing of the Private Placement.

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 of	OMB number.