FORM 4

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

| OMB APPROVAL | | | | | |
|--------------------------|-----------|---|--|--|--|
| OMB Number: | 3235-0287 | 7 | | | |
| Estimated average burden | | | | | |
| nours per response | e 0. | 5 | | | |

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

| (Print or Ty | pe Response | es) | | | | | | | | | | | | | |
|--|---|---------|---|--|--|---|-----------------|---|--|------------------------------------|---|--------------------------|---------------------------------------|-----|--------------------|
| 1. Name and Address of Reporting Person * Cranston Lynda Sarah | | | | 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) (Middle) 3. Date of Earliest Transaction (Month/Day/Y JUTE 720-999 WEST BROADWAY 10/03/2016 | | | | y/Year) | | Office | er (give title belo | ow) | Other (specify b | pelow) | | | | |
| (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) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | Owned | | | | |
| 1.Title of S (Instr. 3) | Instr. 3) Date Ex (Month/Day/Year) and | | Execution Date, if Code | | action 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | of | d 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | or Indirect | Beneficial Ownership | | |
| | | | | | Code | V | Amoun | (A) or (D) | Price | | | | (I) (Instr. 4) | | |
| Common | Stock | | 10/03/2016 | | | <u>J(1)</u> | | 71 | A | \$ 3.2 (1) | 119 | | | I | Note (2) |
| indirectly. | | | | Derivative Secur | | .cquire | conta the fe | ained i orm dis | n this fo splays a of, or Be | orm are curre | e not req ntly vali | uired to re d OMB cor | nformation espond un ntrol numb | ess | EC 1474 (9- 02) |
| | _ | | , | e.g., puts, calls, | | | 1 | | | | | | | 2 | |
| Derivative | | | Expiration Date Amonth/Day/Year) Amonth/Day/Year) Sec | | Ame Und Secu (Ins | itle and ount of lerlying urities tr. 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivati Security Direct (or Indire | Beneficia Ownersh (Instr. 4) | | | | | |
| | | | | Code | / (A` | (D) | Date Exer | e rcisable | Expiration Date | on Title | Amount or Number of Shares | | | | |

Reporting Owners

| Powerfine Community (Addition | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Cranston Lynda Sarah SUITE 720-999 WEST BROADWAY VANCOUVER, A1 V5Z 1K5 | X | | | | | | |

Signatures

| /s/ Lynda Cranston | 10/05/2016 |
|-------------------------------|------------|
| 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).
- (1) The shares were issued as dividends on the reporting person's shares of Series B Preferred Stock.
- (2) Share are held by J.G. Cranston & Associates, Inc.

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.

