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

| OMB APPF | ROVAL | | | | |
|--------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average burden | | | | | |
| hours per respons | se 0.5 | | | | |

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) | | | | | | | | | | | | | |
|--|-------------|--|--|-----------------|--|-------------|--|---|--|--|---|---|---------------------------------------|---|--------------------|
| Name and Address of Reporting Person * Brown Dennis M | | | Issuer Name and Ticker or Trading Symbol DelMar Pharmaceuticals, Inc. [DMPI] | | | | | | 5 | 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) 12/31/2016 | | | | | | | X Officer (give title below) Other (specify below) Chief Scientific Officer | | | | | |
| (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) | | Tab | le I - Non- | Deri | vative S | ecurities | Acquir | red, Disp | osed of, or l | Beneficially | Owned | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | f Code (Instr. 8) | | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of | 5. Amount of Securities Beneficially Owned Fo Reported Transaction(s (Instr. 3 and 4) | | ollowing (S) F | Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Code | V | Amoun | (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common | Stock | | 12/31/2016 | | | <u>J(1)</u> | | 169 | A | \$ 3.2 (1) | 759,839 | | | I | Note (2) |
| | | | | Derivative Seco | | es Acquire | conta the fo | ained in orm dis sposed o | n this for splays a of, or Ben | rm are currer reficiall | not req | uired to re | formation espond unl ntrol numb | ess | EC 1474 (9- 02) |
| | Conversion | 3. Transaction Date (Month/Day/Y | 3A. Deemed Execution Da | 4. | puts, calls, warrants, options, convertible se 4. 5. Number of Transaction Code (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | cisable on Date /Year) | 7. Tit Amo Unde Secu (Insti | tle and unt of erlying rities r. 3 and Amount or Number of | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivati Security Direct (I or Indire | (Instr. 4) | | |
| | | | | Code | V | (A) (D) | | | | | Shares | | | | |
| Renor | ting () | wners | | | | | | | | | | | | | |

| Power Community (Addition | Relationships | | | | |
|--|---------------|-----------|--------------------------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| Brown Dennis M SUITE 720-999 WEST BROADWAY VANCOUVER, A1 V5Z 1K5 | X | | Chief Scientific Officer | | |

Signatures

| /s/ Dennis Brown | 01/03/2017 |
|-------------------------------|------------|
| 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) Includes 347,339 shares of the Issuer's common stock owned directly by reporting person and 412,500 shares of the Issuer's common stock held by Valent Technologies LLC, of which Reporting Person is the sole member and owner and holds sole voting and dispositive power over its shares.

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 nu | mber. |
|--|-------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |