FORM 4

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

| OMB APPROVAL | | | | | |
|---|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average burden nours per response 0.5 | | | | | |
| ours per response | | | | | |

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 | (S) | | | | | | | | | | | | | | |
|---|-------------|--|--|---|----------------------|-----|---|--|--------------------|--|--|---|--|---------------------------------------|---|---------------------|
| 1. Name and Address of Reporting Person * Bell John K | | | | 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) SUITE 720-999 WEST BROADWAY | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2017 | | | | | | | | er (give title belo | ow) | 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) | Table I - Non-Derivative Securities Acq | | | | | | uired, Disposed of, or Beneficially Owned | | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, in | | f Code (Instr. 8) | | | 4. Securities Acquir (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 1 of 5) | red 5. Amount of S | | Following | Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | ode | V | Amoun | (A) or (D) | Price | ; | | | (I) (Instr. 4) | |
| Common | Stock | | 06/30/2017 | | | J | <u>(1)</u> | | 282 | A | \$ 3.2 (1) | 3.2 49,737 | | | I | Note (2) |
| indirectly. | | | Table II - I | | | | quire | conta the fo d, Dis | ained i orm dis | n this fo splays a of, or Be | orm a a curi enefici | re not re ently val ally Owne | ection of in quired to re id OMB con | espond un | less | GEC 1474 (9- 02) |
| | | I | , | e.g., puts, c | alls, wa | | | | | | | | 1 | 1 | | |
| Security (Instr. 3) | Conversion | se (Month/Day/Year) any (Month/Day | tte, if Transaction of Code Pear) (Instr. 8) Se Ad (A Di of (In transaction of Instr. 8) | | | | Date Exercisable I Expiration Date onth/Day/Year) | | Ar Ur Se | Title and nount of iderlying curities str. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owner Form of Deriva Securit Direct or Indi | Beneficia Ownersh y: (Instr. 4) | | |
| | | | | Cod | de V | (A) | (D) | Date Exer | cisable | Expiration Date | on Ti | or le Numbe of Shares | | | | |

Reporting Owners

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

Signatures

| /s/ John K. Bell | 07/05/2017 |
|---------------------------------|------------|
| **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) Shares are held by Onbelay Capital 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.

