| FORM 4 | • |
|--------|---|
|--------|---|

| 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 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

| (Print or Type Responses)                           |   |  |                      |       |                           |          |   |  |                 |                         |
|---|---|--|----------------------|-------|---------------------------|----------|---|--|-----------------|-------------------------|
| 1. Name and Address of Reporting Pe<br>Praill Scott | 2. Issuer Name <b>and</b> Ticker or Trading Symbol<br>DelMar Pharmaceuticals, Inc. [DMPI] |  |                      |       |                           |          | 5. Relationship of Reporting Perso<br>(Check all appli<br>Director  |  | er              |                         |
| (Last) (First)<br>SUITE 720-999 WEST BROAD          | (Middle)<br>DWAY  | 3. Date of Earliest Transaction (Month/Day/Year)<br>06/30/2017                   |                      |       |                           |          |   | X Officer (give title below) Other (specify below) Chief Financial Officer                             |                 |                         |
| (Street)<br>VANCOUVER, A1 V5Z 1K5                   |   | 4. If Amendment, Date Original Filed(Month/Day/Year)                             |                      |       |                           | r)       | 6. Individual or Joint/Group Filing(Check Applicable Line)<br>_X_Form filed by One Reporting Person<br>Form filed by More than One Reporting Person |  |                 |                         |
| (City) (State)                                      | (Zip)   | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |                      |       |                           |          |   |  |                 |                         |
| 1.Title of Security<br>(Instr. 3)                   | 2. Transaction<br>Date<br>(Month/Day/Year)  | Execution Date, if   | Code<br>(Instr. 8)   | ction | (A) or Disposed of<br>(D) |          | 1 of<br>5)  | 5. Amount of Securities<br>Beneficially Owned Following<br>Reported Transaction(s)<br>(Instr. 3 and 4) |                 | Beneficial<br>Ownership |
| Common Stock  | 06/30/2017  |  | Code<br>J <u>(1)</u> | V     | Amount<br>211             | (D)<br>A | Price<br>\$ 3.2<br>(1)  | 29,655   | (Instr. 4)<br>D |                         |

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  | umber  | 6. Date Exer | cisable            | 7. Tit | le and  | 8. Price of | 9. Number of   | 10.         | 11. Nature  |
| Derivative   | Conversion  | Date             | Execution Date, if | Transaction | of    |        | and Expirati | on Date            | Amo    | unt of  | Derivative  | Derivative     | Ownership   | of Indirect |
| Security   | or Exercise | (Month/Day/Year) | any                | Code        | Deri  | vative | (Month/Day   | /Year)             | Unde   | rlying  | Security    | Securities     | Form of     | Beneficial  |
| (Instr. 3)   | Price of    |                  | (Month/Day/Year)   | (Instr. 8)  | Secu  | rities |              |                    | Secur  | rities  | (Instr. 5)  | Beneficially   | Derivative  | Ownership   |
|  | Derivative  |                  |                    |             | Acqu  | uired  |              |                    | (Instr | . 3 and |             | Owned          | Security:   | (Instr. 4)  |
|  | Security    |                  |                    |             | (A) ( | or     |              |                    | 4)     |         |             | Following      | Direct (D)  |             |
|  |             |                  |                    |             | Disp  | osed   |              |                    |        |         |             | Reported       | or Indirect |             |
|  |             |                  |                    |             | of (E | ))     |              |                    |        |         |             | Transaction(s) | (I)         |             |
|  |             |                  |                    |             | (Inst |        |              |                    |        |         |             | (Instr. 4)     | (Instr. 4)  |             |
|  |             |                  |                    |             | 4, an | d 5)   |              |                    |        |         |             |                |             |             |
|  |             |                  |                    |             |       |        |              |                    |        | Amount  |             |                |             |             |
|  |             |                  |                    |             |       |        | Date         | Expiration         |        | or      |             |                |             |             |
|  |             |                  |                    |             |       |        | Exercisable  | Expiration<br>Date | 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 |  |  |  |  |
| Praill Scott<br>SUITE 720-999 WEST BROADWAY<br>VANCOUVER, A1 V5Z 1K5 |               |           | Chief Financial Officer |       |  |  |  |  |

## Signatures

| /s/ Scott Praill                 | 07/05/2017 |
|----------------------------------|------------|
| Signature of Reporting<br>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.

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.