FORM 4

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

| OMB APPRO | √AL |
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| OMB Number: | 3235-0287 |
| Estimated average bu | rden |
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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

| 1. Name and Address of Reporting Person * Zarrabian Saiid | | | 2. Issuer Name and Ticker or Trading Symbol DelMar Pharmaceuticals, Inc. [DMPI] | | | | | x | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director10% Owner | | | | | |
|---|---|------------------------|---|---|--|---|---|---|--|--------------------------------------|---------------------------------|---|---|--|
| (Last) (First) (Middle) SUITE 720-999 WEST BROADWAY | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/03/2017 | | | | X | X Officer (give title below) Other (specify below) Interim CEO | | | | | |
| (Street) VANCOUVER, A1 V5Z 1K5 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | _X_ | 6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (Cit | y) | (State) | (Zip) | Table I - Non-Derivative Securities Acquir | | | | s Acquired, | ired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of S (Instr. 3) | Security | | 2. Transaction Date (Month/Day/Year) | any | med on Date, if Day/Year) | | 8) (A | Securities Acq A) or Disposed onstr. 3, 4 and 5) (A) or mount (D) | of (D) Owr Tran | | ecurities Being Reported | d O Fo | wnership of orm: Be irect (D) Indirect (Ir | eneficial wnership |
| Reminder: | Report on a | separate line for each | h class of securities | beneficia | lly owned | directly | | s who respor | nd to the c | ollection | of informa | ation | SEC 14 | 74 (9-02) |
| Reminder: | Report on a | separate line for eac | Table II - | Derivativ | e Securiti | es Acqu | Person contain form di | | m are not ently valid eficially Ow | required I OMB co | to respon | d unless the | SEC 14' | 74 (9-02) |
| 1. Title of | 2. Conversion | 3. Transaction | Table II - | Derivativ (e.g., puts 4. Transact Code | e Securiti, calls, wa 5. Nur Deriva Securi | es Acqu rrants, nber of titive ties red (A) posed | Person contain form di nired, Dispo options, co | s who responded in this for splays a currosed of, or Bendenvertible securercisable and Date | m are not ently valid eficially Ow | required I OMB control of Amount ing | 8. Price of Derivative | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s | 10. Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| 1. Title of Derivative Security | 2. Conversion or Exercise Price of Derivative | 3. Transaction Date | Table II - 3A. Deemed Execution Date, if any | Derivativ (e.g., puts 4. Transact Code | e Securiti, calls, wa 5. Nur ion Deriva Securii Acquii or Dis of (D) (Instr. | es Acquerrants, nber of titive ties red (A) posed 3, 4, | Person contain form di nired, Dispo options, co 6. Date Ex Expiration | s who responded in this for splays a currosed of, or Bendonvertible securercisable and Date any/Year) | rm are not rently valid eficially Ow- rities) 7. Title and of Underly Securities | required I OMB control of Amount ing | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported | 10. Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Reporting Owners

| D (1 0 N (41) | Relationships | | | | |
|---|---------------|-----------|-------------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| Zarrabian Saiid SUITE 720-999 WEST BROADWAY VANCOUVER, A1 V5Z 1K5 | X | | Interim CEO | | |

Signatures

| /s/ Saiid Zarrabian | 11/07/2017 |
|---------------------------------|------------|
| **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 option vests in full on the first anniversary of the date of grant.

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.