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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

^{15 may} 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 – HOFFMAN ROBERT		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) (C/O DELMAR PHARMACEUTICALS, IN 720-999 WEST BROADWAY		3. Date of Earliest Transaction (Month/Day/Year) 04/13/2018					Officer (give title below) Other (specify below)				
(Street) VANCOUVER, A1 V5Z 1K5	4.	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									
(Instr. 3) D	. Transaction bate Month/Day/Year)	Execution Date, if	3. Transacti Code (Instr. 8)		4. Securit (A) or Di (Instr. 3,	sposed of		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I)	Beneficial Ownership	
			Code	V	Amount	· /	Price		(Instr. 4)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in SEC 1474 (9-02) 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.	I. 5. Number of		6. Date Exercisable and		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transac	ion	Derivative	e	Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Securities		(Month/Day/Year) S		Securities		Security	Securities	Form of	Beneficial
(Price of		(Month/Day/Year)	(Instr. 8		Acquired	· /			(Instr. 3 and 4)		· /	-		Ownership
	Derivative					or Dispos	ed							-	(Instr. 4)
	Security					of (D)							0	Direct (D)	
						(Instr. 3, 4	Ι,					1	or Indirect		
						and 5)							Transaction(s)	× /	
											Amount		(Instr. 4)	(Instr. 4)	
									Expiration	Title	or				
									Date	The	Number				
				Code	V	(A)	(D)				of Shares				
Options										C					
(Right to	\$ 1.06	04/13/2018		А		36.000		03/31/2021(1)	04/13/2028	Common	36,000	\$ 0	36,000	D	
Buy)	\$ 1100	01/10/2010				20,000		05/51/2021	0 11 10/2020	Stock	20,000	ψü	20,000	2	
Performance	(2)	04/13/2018		А		200,000		<u>(2)</u>	07/07/2022	Common Stock	200.000	\$ 0	200.000	D	
Stock Units	121	15/2018		А		200,000		<u>,</u>	07/07/2022	Stock	200,000	ψŪ	200,000	D	

Reporting Owners

Describer Operation Marca (Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
HOFFMAN ROBERT C/O DELMAR PHARMACEUTICALS, INC. SUITE 720-999 WEST BROADWAY VANCOUVER, A1 V5Z 1K5	Х							

Signatures

/s/ Robert E. Hoffman	04/13/2018
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) 12,000 options vest on March 31, 2019, and 3,000 options vest each three months thereafter starting June 30, 2019.

(2) Each performance stock unit represents the right to receive one share of common stock upon vesting of the unit based on achievement of specified targets related to the Company's financial performance.

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.