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						
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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	d Addrass a	f Donartina Darcan	*	2 Icener	·Nan	ne and T	icker.	or Trading	Symbol	5. F	Relationshi	n of Report	ing Person(s)	to Issuer	
Name and Address of Reporting Person – Ferrara Napoleone				Issuer Name and Ticker or Trading Symbol DelMar Pharmaceuticals, Inc. [DMPI] One of Earliest Transaction (Month/Day/Year) 11/08/2018						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) C/O DELMAR PHARMACEUTICALS, INC., SUITE 720-999 WEST BROADWAY									X Director10% Owner Officer (give title below) Other (specify below)						
(Street)				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					
	UVER, A1										Form filed by	More than One	Reporting Perso		
(City	y)	(State)	(Zip)			Tabl	e I - I	Non-Deriva	tive Securities	Acquired	, Disposed	l of, or Ben	eficially Ow	ned	
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year				te, if Co	(Instr. 8)				Owned Following Transaction(s)		ed	Ownership Form:	Beneficial		
			(Month/Day/Ye			Code	e V Ar	(A) or (D)	Price	tr. 3 and 4)		oi (I	r Indirect (I	wnership nstr. 4)	
Reminder:									who respon						474 (9-02)
Keminder:								containe form dis	ed in this for splays a curr sed of, or Ben	m are not ently vali eficially O	t required d OMB co	l to respo	nd unless t		171 (5 02)
1. Title of Derivative Security	Conversion	3. Transaction Date (Month/Day/Year	3A. Deemed Execution Date, if	4. Transac Code	tion	s, warra 5. Numb	ve es d	form dis	ed in this for splays a curr sed of, or Bendavertible secur reisable and Date	m are not ently vali eficially O	t required d OMB co wned ad f	to respo ontrol nur 8. Price of	nd unless t	f 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Natur p of Indirec Beneficia e Ownershi (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transac Code	tion	s, warra 5. Numb of Derivati Securitie Acquire (A) or Dispose (D) (Instr. 3,	ve es d	containe form dis ired, Dispos options, con 6. Date Exe Expiration 1	ed in this for splays a curresplays a curresplays a curresplay a current part of the cur	m are not ently vali eficially Orities) 7. Title an Amount o Underlyin Securities	t required d OMB co wned ad f	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	f 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Natur p of Indirec Beneficia e Ownershi (Instr. 4)

Reporting Owners

B (1 0 N /AH	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Ferrara Napoleone C/O DELMAR PHARMACEUTICALS, INC. SUITE 720-999 WEST BROADWAY	X					
VANCOUVER, A1 V5Z 1K5						

Signatures

/s/ Anthony Scott Praill, attorney-in-fact for Napoleone Ferrara	11/13/2018	
**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) The shares subject to the option vest in twelve (12) equal monthly installments beginning on December 8, 2018.

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, {\it see}\ Instruction\ 6 for procedure.$

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.