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**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person * <u>Von Koch Thomas</u> _____ (Last) (First) (Middle) BIBLIOTEKSGATAN 25 3RD FLOOR _____ (Street) STOCKHOLM V7 114 35 _____ (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>DiaMedica Therapeutics Inc. [ DMAC ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 06/28/2024	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Shares	06/28/2024		P		1,200,000	A	\$2.5	5,526,435	I	See Footnote 1 <sup>(1)</sup>

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person \*

Von Koch Thomas

\_\_\_\_\_

(Last) (First) (Middle)

BIBLIOTEKSGATAN 25

3RD FLOOR

\_\_\_\_\_

(Street)

STOCKHOLM V7 114 35

\_\_\_\_\_

(City) (State) (Zip)

1. Name and Address of Reporting Person \*

TomEnterprise AB

\_\_\_\_\_

(Last) (First) (Middle)

BIBLIOTEKSGATAN 25

3RD FLOOR

\_\_\_\_\_

(Street)

STOCKHOLM V7 114 35

\_\_\_\_\_

(City) (State) (Zip)

1. Name and Address of Reporting Person \*

TomEnterprise Private AB

(Last) (First) (Middle)

BIBLIOTEKSGATAN 25  
3RD FLOOR

(Street)

STOCKHOLM V7 114 35

(City) (State) (Zip)

**Explanation of Responses:**

1. These shares are owned directly by TomEnterprise Private AB and indirectly by Thomas Von Koch in his capacity as the board member of TomEnterprise AB. Thomas Von Koch had the sole power to vote and dispose of these shares.

/s/ Thomas Von Koch 07/01/2024

/s/ Thomas Von Koch, as Board  
Member of TomEnterprise AB 07/01/2024

/s/ Thomas Von Koch, as Board  
Member of TomEnterprise Private 07/01/2024  
AB

\*\* Signature of Reporting Person Date

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

\* 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).

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

**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 Number.**