FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

,	Washington,	D.C.	2054

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

1. Name and Address of Reporting Person\*

Pardeep Nijhawan Medicine Professional Corp

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

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*  Nijhawan Pardeep			2. Issuer Name and Ticker or Trading Symbol Edesa Biotech, Inc. [ EDSA ]										S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner     X Officer (give title Other (specify below) below)     Chief Executive Officer								
(Last) (First) (Middle) C/O EDESA BIOTECH INC. 100 SPY COURT					3. Date of Earliest Transaction (Month/Day/Year) 03/11/2022																
(Street) MARKHAM A6 L3R 5H6			4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X  Form filed by More than One Reporting Person  Person							
(City)	(S		Zip)																		
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea	ar) if	2A. Deemed Execution Date,		3. Transaction Code (Instr.		Disposed of, or Benef 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)				(A) or	5. Amount of Securities Beneficially Owned Following		ıf	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Am	ount	(A) oi (D)	Р	rice	Reported Transaction(s) (Instr. 3 and 4)							
Common	Shares		03/11/2022	2			P		2	2,000	A \$3.178		3.1788	550,812		2	D				
Common	Shares		03/11/2022	2				P		5	5,000	A	\$	3.0589		555,81	2	D			
Common	s Shares														2,128,652		52	I		Held by Pardeep Nijhawan Medicine Professional Corporation <sup>(1)</sup>	
Common	Shares														224,09		4 I			Held by The Digestive Health Clinic Inc. <sup>(1)</sup>	
Common Shares												371,727		7	I		Held by 1968160 Ontario Inc. <sup>(1)</sup>				
		Та	ble II - Derivati (e.g., pu													Owne	d				
Derivative Conversion Date E Security or Exercise (Month/Day/Year) if		3A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		5. Numb of Derivativ Securitic Acquirer (A) or Dispose of (D) (Instr. 3, and 5)		Expiration (Month/I		Exercisable and on Date Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		deriv Secu Bene Own Follo Repo	ative rrities eficially ed wing orted saction(s)	Forn Direct or In	ership n: ct (D) direct nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod	e V	(A	)		ate xercisa	able	Expirati Date		itle	Amount or Number of Shares	1						
	nd Address o <mark>7an Parde</mark>	of Reporting Person <sup>2</sup>																			
	ESA BIOT COURT	(First) ECH INC.	(Middle)																		
(Street)	HAM	A6	L3R 5H6																		
(City)		(State)	(Zip)																		

(Last)	(First)	(Middle)							
C/O EDESA BIOTECH INC.									
100 SPY COURT									
(Street)									
MARKHAM	A6	L3R 5H6							
(City)	(State)	(Zip)							

## **Explanation of Responses:**

1. Each of Pardeep Nijhawan Medicine Professional Corporation, The Digestive Health Clinic Inc. and 1968160 Ontario Inc. are wholly-owned by Pardeep Nijhawan.

<u>/s/ Pardeep Nijhawan</u> 03/14/2022

/s/ Pardeep Nijhawan

Medicine Professional

Corporation, by Pardeep 03/14/2022

<u>Nijhawan</u>

\*\* 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.