FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|--|------------------------------------|------------------|
| Section 16. Form 4 or Form 5 | | |

| OMB APP | ROVAL |
|---------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average I | ourden |
| hours per response: | |

| obligat Instruc | nt to Section 16(a) of the Securities Exchange Act of 1934 | | | | | | | hours per response: 0.5 | | | 0.5 | | | | | | | |
|---|--|--------|--|---|--|----------|---|---------------------------------------|--------------------|---|---|----------------|--|--|------------|--|--|---|
| Name and Address of Reporting Person* <u>Nijhawan Pardeep</u> | | | | or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol Edesa Biotech, Inc. [EDSA] | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | | | | | |
| (Last) | (F ESA BIOTI | First) | 3. Date of Earliest Transaction (Month/Day/Year) 07/20/2023 | | | | | | X | below) | give title | utive (| Other (specify below) | | | | | |
| 100 SPY COURT | | | | 4. If Am | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check App Line) | | | | plicable | | | |
| (Street) MARKHAM A6 L3R 5H6 | | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (5 | State) | (Zip) | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| | | Tal | ole I - Non | -Deriv | ative S | ecuritie | s Ac | quired, [| Disp | osed c | of, or E | Bene | eficially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transc Date (Month/L | | | action Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | urities Acquired (A ed Of (D) (Instr. 3, | | (A) or 3, 4 and | Securities Beneficia Owned Fo | 5. Amount of Securities Beneficially Owned Following | | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | Code | v | Amount | mount (A) or (D) | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| | | | Table II - I (| | | | | uired, Di , options | | | | | | Owned | | | | |
| | | | ransaction Derivative Ex ode (Instr. Securities (M | | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and of Securitie Underlying Derivative (Instr. 3 and | | | urities ying tive Se 3 and 4 | curity I) | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | I | I | 1 | | | 1 | | | | | I | I Ar | mount | | (Inctr 4) | | | 1 |

Date Exercisable

(1)

(D)

(A)

120,000

Expiration Date

07/20/2023

Title

Commor Shares

Explanation of Responses:

\$0.8277

Share Option (right to buy)

1. This option vests monthly in equal proportions over 36 months beginning on the date of grant.

/s/ Pardeep Nijhawan

or Number of Shares

120,000

\$<mark>0</mark>

07/21/2023

120,000

D

** 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).

07/20/2023

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

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.