FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington,	D.C. 2	054

washington, D.C. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

1. Name and Address of Reporting Person^*

C/O EDESA BIOTECH INC.

(First)

(Last)

Pardeep Nijhawan Medicine Professional Corp

(Middle)

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

Instruc	ction 1(b).			Filed				Section 30(h) of							t of 1934 IO			L				
1. Name and Address of Reporting Person* <u>Nijhawan Pardeep</u>				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											
(Last) (First) (Middle) C/O EDESA BIOTECH INC. 100 SPY COURT						3. Date of Earliest Transaction (Month/Day/Year) 03/29/2021								X Officer (give title Other (specify below) Chief Executive Officer								
<u> </u>					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									
(City)	(S	tate) (2	Zip)													Person						
		Table	1 - 1	Non-Deriva	tiv	e Se	ecu	ırities	Acqu	uire	ed, [Disp	osed	of, or	Benef	icia	lly Own	ed				
1. Title of	Security (Ins	str. 3)		2. Transaction Date (Month/Day/Ye		2A. Deemed Execution Date, if any (Month/Day/Year)		Cod	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an 5)			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Cod	de	v	Amo	unt	(A) or (D)	Price	1	ransaction(Instr. 3 and	s) 4)				
Common	Shares			03/29/2020	0				P	•		2,	000	A	\$5.23	3	547,31	2	D			
Common	Shares																2,128,65	52	I			ep wan
Common	Shares																224,09	4	I		Diges	h Clinic
Common Shares															371,727 I 196			Held 19681 Ontar	-			
		Ta	ble I	II - Derivati (e.g., pu														d				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year)		Deemed cution Date,	4. Tra	Transaction of Code (Instr. 8) Sec Acc (A) Discontinuous of (Instr. 8)		5. Nui	mber ative ities ired sed	6. D Exp	ate Ex	e Exercisable and tion Date n/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		(Instr. 5) Ben- Owr Follo Rep Tran (Inst		ivative Ow curities Fo neficially Dir ned or			11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Co	de \	v	(A)		Date Exe	e ercisal		Expiratio Date	on Title	Amou or Numb of Share	er						
	nd Address o van Parde	of Reporting Person*																				
	ESA BIOT	(First) ECH INC.		(Middle)																		
(Street) MARKI	HAM	A6		L3R 5H6																		
(City)		(State)		(Zip)																		

100 SPY COUR	Т	
(Street) MARKHAM	A6	L3R 5H6
(City)	(State)	(Zip)

Explanation of Responses:

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

/s/ Pardeep Nijhawan 03/29/2021

/s/ Pardeep Nijhawan

Medicine Professional 03/29/2021

Corporation, by Pardeep

<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.