SEC Form 4
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

1. Name and Address of Reporting Person <sup>*</sup> <u>Nijhawan Pardeep</u> (Last) (First) (Middle) C/O EDESA BIOTECH INC. 100 SPY COURT				ssuer Name <b>and</b> Tic lesa Biotech, J pate of Earliest Tran	<u>Inc.</u> [	EDS	Ă]			X Relationship of Rep Check all applicable) X Director X Officer (give below)	X 2	10% Owner Other (specify Delow)	
				11/05/2020						Chief Executive Officer			
(Street) MARKHAM A6	HAM A6 L3R 5H6				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			
(City) (State)	(Zip)	lon Derive		Securities Ac		d D	isposed o	f or P	onofici				
Table I - Non-Deriv           1. Title of Security (Instr. 3)         2. Transaction Date (Month/Day)			n 2A. Deemed Execution Date, if any		3. Transaction		4. Securities Acquired (A) or		i (A) or	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
					Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Shares		11/05/202	20		x		4,628	A	\$4	2,128,652	I	Held by Pardeep Nijhawan Medicine Professional Corporation <sup>(1)</sup>	
Common Shares										224,094	I	Held by The Digestive Health Clinic Inc <sup>(1)</sup>	
Common shares										537,312	D		
Common shares										371,727	I	Held by 1968160 Ontario Inc. <sup>(1)</sup>	
	Table			Securities Acq calls, warrants									

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)	Transaction Code (Instr. 8)				Transaction Code (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Expiration Date		Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			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	Title	Amount or Number of Shares										
Common share warrants (Right to buy)	\$4	11/05/2020		x			4,628	07/08/2020	11/08/2020	Common shares	4,628	\$0	0	I	Held by Pardeep Nijhawan Medicine Professional Corporation <sup>(1)</sup>						

1. Name and Address of Reporting Person<sup>\*</sup>

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(Last)	(First)	(Middle)					
C/O EDESA BIOTECH INC.							
100 SPY COURT							
(Street) MARKHAM	A6	L3R 5H6					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person* Pardeep Nijhawan Medicine Professional Corp							

(Last)	(First)	(Middle)						
C/O EDESA BIO								
100 SPY COUR	100 SPY COURT							
(Street)								
MARKHAM	A6	L3R5H6						
	110							
(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.

<u>/s/ Pardeep Nijhawan</u>	<u>11/05/2020</u>
/s/ Pardeep Nijhawan Medicine	
Professional Corporation, by	<u>11/05/2020</u>
<u>Pardeep 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.