FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washin	gton,	D.C.	20549

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

Pardeep Nijhawan Medicine Professional Corp

(Middle)

(First)

(Last)

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

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1. Name and Address of Reporting Person* <u>Nijhawan Pardeep</u>			2. Issuer Name and Ticker or Trading Symbol Edesa Biotech, Inc. [EDSA]							5. 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) 03/18/2022							X Officer (give title Other (specify below) below) Chief Executive Officer								
(Street) MARKE	HAM A	6 I	.3R 5H6	4. If Amer			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)	(S	tate) (2	Zip)											1 03011						
		Table	I - Non-Deriva	ative	e Se	curit	ies	Acqu	ired,	Dis	posed	of, o	r Benef	icia	ally Own	ed				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea	Execution Date		,	3. Transaction Code (Instr. 8)		5)			Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
<u></u>	Chana		02/10/2023	+				Code	V		ount	(A) or (D)	Price	4	(Instr. 3 and	4)				
Common	Snares		03/18/2022	<u>'</u>				P			2,000	A	\$3.849	10	561,81	2	D		Heldi	<u></u>
Common	Shares														2,128,6	52	I			ep wan
Common Shares													224,094		I		Held by The Digestive Health Clinic Inc. ⁽¹⁾			
Common Shares													371,727		I		Held by 1968160 Ontario Inc. ⁽¹⁾			
		Ta	ble II - Derivat (e.g., pu													d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Trar Cod	nsacti le (Ins	ion o o o o o o o o o o o o o o o o o o	. Nur	mber 6 E (lities red sed 3, 4	. Date E xpiration	Exercisable and ion Date Amount o Securities Underlyin Derivative		Title and mount of curities aderlying erivative curity (Ins	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)	
				Cod	le V		A)		ate Exercisa	able	Expirati Date		Amou or Numb of tle Share	er						
	nd Address o van Parde	of Reporting Person*																		
	ESA BIOT COURT	(First) ECH INC.	(Middle)																	
(Street)	НАМ	A6	L3R 5H6																	
(City)		(State)	(Zip)																	
1 Namo a	nd Addross o	of Deporting Derson*				1														

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> <u>03/21/2022</u>

/s/ Pardeep Nijhawan

Medicine Professional

Corporation, by Pardeep

03/21/2022

<u>Nijhawan</u>

** Signature of Reporting Person Dat

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.