FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burden						

hours per response:

0.5

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

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 Addr	occ of Doporting	Porcon*	2. Issuer Name and Ticker or Trading Symbol	5. Rela	ationship of Reporting Pe	erson(s) to Issuer		
1. Name and Address of Reporting Person [*] Lemieux Stephen			Edesa Biotech, Inc. [EDSA]		k all applicable) Director	10% Owner		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 07/20/2023		Officer (give title below)	Other (specify below)		
C/O EDESA BIOTECH, INC. 100 SPY COURT					Chief Financial Officer			
			4. If Amendment, Date of Original Filed (Month/Day/Year) 07/21/2023	6. Indiv Line)	6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street)			—	X	Form filed by One Re	porting Person		
MARKHAM	A6	L3R 5H6			Form filed by More the Person	an One Reporting		
(City)	(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.					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 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
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)

	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
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)	4. Transac Code (Ir 8)		5. Numl of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5)	Expiration Date (Month/Day/Year) ed ed		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Share Option (right to buy)	\$0.8277	07/20/2023		A		75,000		(1)	07/20/2033	Common Shares	75,000	\$0	75,000	D	

Explanation of Responses:

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

Remarks:

This amendment on Form 4/A is being filed to amend the Form 4 filed on July 21, 2023, solely to correct an administrative error in the expiration date of the Share Option previously reported in Column 6 of Table II.

/s/ Steph	en Len	nieux	07/24/2023

** 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.