

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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).

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* <u>Nijhawan Pardeep</u> <hr/> (Last) (First) (Middle) C/O EDESA BIOTECH INC. 100 SPY COURT <hr/> (Street) MARKHAM A6 L3R 5H6 <hr/> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Edesa Biotech, Inc. [ EDSA ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>Chief Executive Officer</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>03/31/2022</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

**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)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Shares	03/31/2022		P		2,000	A	\$2.9858	567,812	D	
Common Shares								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								371,727	I	Held by 1968160 Ontario Inc <sup>(1)</sup>

**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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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					

1. Name and Address of Reporting Person\*  
Nijhawan Pardeep  


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 (Last) (First) (Middle)  
 C/O EDESA BIOTECH INC.  
 100 SPY COURT  


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 (Street)  
 MARKHAM A6 L3R 5H6  


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 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Pardeep Nijhawan Medicine Professional Corp  


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 (Last) (First) (Middle)

C/O EDESA BIOTECH INC.  
100 SPY COURT

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(Street)  
MARKHAM            A6                            L3R 5H6

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(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.

[/s/ Pardeep Nijhawan](#)                            [04/01/2022](#)

[/s/ Pardeep Nijhawan  
Medicine Professional  
Corporation, by Pardeep  
Nijhawan](#)                            [04/01/2022](#)

\*\* 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.**