(City)

(Last)

(State)

(First)

Pardeep Nijhawan Medicine Professional Corp

1. Name and Address of Reporting Person*

C/O EDESA BIOTECH INC.

(Zip)

(Middle)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasnington,	D.C.	2054

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								

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

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

	tion r(b).		Tiles							Company Ac				_				
1. Name and Address of Reporting Person* <u>Nijhawan Pardeep</u>				2. Issuer Name and Ticker or Trading Symbol Edesa Biotech, Inc. [EDSA]							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) 09/17/2020							X Officer (give title Other (specify below) below) Chief Executive Officer							
(Street) MARKE	IAM A	5 L	3R 5H6				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)	(St	rate) (Z	Zip)										Perso	on				
		Table	I - Non-Deriva	ativ	e Se	curities	s Ac	quir	ed, [Disposed	of, or	Benefi	icially Own	ed				
, (,		Date	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 an 5)					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	Transaction((Instr. 3 and	s) 4)			(111041. 4)	
Common	Shares		09/17/202	20				J		371,727	A	(2)	371,72	371,727		19	Held by 1968160 Ontario Inc. ⁽¹⁾	
Common	Shares												2,124,02	24	I	Pa Ni M Pr	ld by rdeep jhawan edicine ofessional rporation ⁽¹⁾	
Common	Shares												224,09	4	I	Di He	ld by The gestive alth Clinic	
Common	Shares												537,31	2	D			
		Tal	ole II - Derivat (e.g., p							sposed of				d				
1. Title of 2. 3. Transaction Date Execution Date Execution Date if any		3A. Deemed Execution Date,	4. Tra Co	5. Numb ransaction of Code (Instr. Derivati		vative urities uired or osed 0) r. 3, 4	6. Date Expiration (Month/Date)		Exercisable and		itle and ount of urities erlying vative urity (Inst	8. Price of Derivative Security (Instr. 5)	deriva Securi Benefi Owned Follow Repor	ative rities ficially ed wing orted saction(s)	10. Ownersl Form: Direct (I or Indire (I) (Instr.	ct (Instr. 4)		
				Co	de V	(A)	(D)	Dat Exe	te ercisat	Expiration	on Title	Amour or Number of Shares	er					
	nd Address of an Parde	f Reporting Person*																
	ESA BIOTI	(First) ECH INC.	(Middle)															
(Street)	IAM	A6	L3R 5H6															

100 SPY COUR	Γ	
(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.
- 2. Pardeep Nijhawan acquired 100% of the capital stock of 1968160 Ontario Inc. which holds 371,727 common shares of the issuer, pursuant to the foreign equivalent of a domestic relations order.

<u>/s/ Pardeep Nijhawan</u> <u>09/18/2020</u>

/s/ Pardeep Nijhawan

Medicine Professional Corporation, by Pardeep

09/18/2020

<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.