FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasiiiigton,	D.C.	205

STATEMENT OF CHANGES	S IN BENEFICIAL OWNERSHIP
----------------------	---------------------------

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).

	tion 1(b).	nuc. Sec	Filed			Section n 30(h) o								<u>[</u>	nours per r	esponse:	0.5
	nd Address of	Reporting Person*		2. Is	suer	Name ar	nd Ticke	er or Tra	ding Sy	mbol	01 134		5. Relationship (Check all app	licable	e)		
(Last)	(Fi	rst) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/09/2022						X Director X 10% Owner X Officer (give title Other (specify below) below) Chief Executive Officer						
(Street) MARKH			3R 5H6	4. If	4. If Amendment, Date of Original File					Line) Form file				filed I	oint/Group Filing (Check Applicable ed by One Reporting Person ed by More than One Reporting		on
(City)	(St		Zip)		0		•		D :			D fi	-:				
Date		2. Transaction	2A. Deemed Execution Date,		3. Tran Code	3. Transaction Code (Instr.		4. Securities Acquired (A) or		d (A) or	5. Amount of Securities Beneficially Owned Following		6. Owners Form: Dir (D) or Indirect (I (Instr. 4)	ect Indire Benef Owne	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	e V	Amour	nt (/	A) or D)	Price	Reported Transaction(s) (Instr. 3 and 4)				
Common	Shares		03/09/2022	!			P		1,50	00	A	\$3.0464	548,81	2	D		
Common	Shares												2,128,6	52	I		eep awan
Common	Shares												224,09	4	I	Dige	th Clinic
Common	Shares												371,72	7	I	Held 1968 Onta	
		Tal	ole II - Derivati (e.g., pu	ive S its. c	ecu alls	rities <i>A</i> . warra	Acqui Ints. (red, D	ispos	ed of,	or B	enefici ecuritie	ally Owne	d			
Derivative Conversion Date E Security or Exercise (Month/Day/Year) if		3A. Deemed Execution Date, if any (Month/Day/Year)			on of		6. Date E Expiration	Exercisa on Date	xercisable and			8. Price of Derivative Security (Instr. 5)		rative urities eficially ed owing orted saction(s)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)		Date Exercisa		xpiration ate	Title	Amoun or Numbe of Shares					
	nd Address of an Parde	Reporting Person*						_									
(Last)		(First)	(Middle)		- [

(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 BIOTECH INC. 100 SPY COURT						
(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.

/s/ Pardeep Nijhawan 03/10/2022

/s/ Pardeep Nijhawan

<u>Medicine Professional</u>

Corporation, by Pardeep

03/10/2022

<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.