	STATE	S SI	ECUR	ITIE	ES AND	ЕХСНА	NGE C	OMM	ISSION						
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549											OMB APPROVAL				
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Statement of Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									OMB Number: 3235-0287 Estimated average burden hours per response: 0.5						
for															
I. Name and Address of Reporting Person [*] Perkins Sherrie L				HELIUS MEDICAL TECHNOLOGIES,							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Middle)	<u> </u>	<u>INC.</u> [HSD1] Office							Officer	give title Other (specify					
CHNOLOGIES, IN	01/00/2025														
ROAD, SUITE 100		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
18940									Form filed by One Reporting Person Form filed by More than One Reporting						
(Zip)		Person								1					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
Date			ay/Year) Execution Date,		Code (Inst	Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)		d (A) or tr. 3, 4 an	d Securitie Beneficia Owned F	es ally following	Form ly (D) or		7. Nature of Indirect Beneficial Ownership		
					Code V	Amount	(A) or (D)	Price	Transaction(a)			(Instr			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
tion 3A. Deemed Execution Date	4. Transa	action	5. Number of		6. Date Exercisable and Expiration Date		7. Title and of Securiti Underlying Derivative	d Amount es J Security	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)	Beneficial Ownership (Instr. 4)		
	Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	or							
025	Α		10,732		(1)	01/05/2035	Class A Common Stock	10,732	\$0	10,73	2	D			
	to STATE a for ded Person* (Middle) CHNOLOGIES, ING ROAD, SUITE 100 18940 (Zip) Table I - Non-D 2, 0 (M Table II - De (e.q tion 3A. Deemed Execution Date y(Year) 3A. Deemed Execution Date (f any	to STATEMENT Filed pu Filed pu a for ded Person* 2. (Middle) CHNOLOGIES, INC. ROAD, SUITE 100 4. 18940 3. (Zip) 4. 18940 4. 2. Transaction Date (Month/Day/Year) 4. Trans Code tion 3A. Deemed Execution Date, if any (Month/Day/Year) 4. Trans (Month/Day/Year) 5. 1. Transaction (Month/Day/Year) 4. Trans (Code 8)	to STATEMENT OF Filed pursuant or Secti a for ded Person* (Middle) CHNOLOGIES, INC. ROAD, SUITE 100 18940 (Zip) Table I - Non-Derivative Secti (Month/Day/Year) 2. Issuer HELII IN.C. [3. Date of 01/06/2 4. If Ame 2. Transaction Date (Month/Day/Year) (Month/Day/Year) A. Deemed Execution Date, y/Year) A. Deemed A. Deem	to STATEMENT OF CHAI Filed pursuant to Section or Section 30(h) a for ded Person* (Middle) CHNOLOGIES, INC. ROAD, SUITE 100 (Zip) Table 1 - Non-Derivative Securities 2. 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Issuer Name and Ticker or Trading Symbol HELIUS MEDICAL TECHNOLO INC. [HSDT] (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 01/06/2025 (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 18940 4. If Amendment, Date of Original Filed (Month/Day (Month/Day/Year) 2. Transaction Date of Carliest Acquired, Disposed of (Month/Day/Year) 3. Deemed Exacution Date, If any (Month/Day/Year) 3. Transaction Code (Instr. 9) 3A. Deemid (Month/Day/Year) 4. Transaction Or (e.g., puts, calls, warrants, options, convertil Code (Instr. 9) 5. Date Exercisable and Expiration Date, If any (Month/Day/Year) 3A. Deemid (Month/Day/Year) 4. Transaction Or (b) (Instr. 3, 4 and 5) 5. Date Exercisable and Expiration Date (Month/Day/Year) 3A. Deemid (Month/Day/Year) 4. Transaction Or (b) (Instr. 3, 4 and 5) 5. 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1. Grant to the Reporting Person of a stock option under the Issuer's 2022 Equity Incentive Plan. 50% of the options vested immediately upon grant, and the remaining options vest in a series of four (4) successive equal quarterly installments on the last day of each quarter starting on March 31, 2025, subject to the Reporting Person's continued service through each applicable vesting period.

/s/ Emily J. Johns, by Power of 01/08/2025 Attorney

** 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.