FORM 4

UNITED STATES SECU

Washington, D.C. 20549

KII	IES A	AND	EXC	HANGE	COMM	IISSION
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OMB APP	ROVAL
OMD Number	2225 020

OMB Number: Estimated average burden 0.5 hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to exist, the officeative ald force to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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 Address of Reporting Person* MATHIESEN JEFFREY S				<u>H</u>	2. Issuer Name and Ticker or Trading Symbol HELIUS MEDICAL TECHNOLOGIES, INC. [HSDT]					(Ch	5. Relationship of Reporting Pers (Check all applicable) Director Officer (give title			n(s) to Issue 10% Ow Other (sp	ner		
(Last) (First) (Middle) C/O HELIUS MEDICAL TECHNOLOGIES, INC. 642 NEWTOWN YARDLEY ROAD, SUITE 100					3. Date of Earliest Transaction (Month/Day/Year) 01/06/2025						Officer (give title Other (specify below) CFO and Treasurer						
(Street) NEWTO (City)			18940 (Zip)	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	e) Form fil	al or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date				Transaction te lonth/Day/	Execution Date		Date,	e, Transaction Disposed Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 an		5. Amoun Securities Beneficia Owned Fo	s Form ally (D) o ollowing (I) (In		Direct II Indirect E tr. 4) C	7. Nature of ndirect Beneficial Ownership Instr. 4)	
							Code	v	Amount	(A) o (D)	r Price	Transacti (Instr. 3 a	on(s)			115(1.4)	
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)	Derivative Conversion Date Execution Date Security or Exercise (Month/Day/Year) if any		Execution Date,	Code (Transaction Code (Instr. 8) Second or I		Derivative E		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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)	(3)		
Stock Option (Right to Buy)	\$0.7292	01/06/2025		A		139,857		(1)	0	1/05/2035	Class A Common Stock	139,857	\$0	139,857	7	D	

Explanation of Responses:

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 twelve (12) 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

<u>Attorney</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.