FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | Washington, D.C. 20049 | |
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| | | |
| STATEMENT | OF CHANGES IN BENEFICIAL | OWNERSHIP |

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average b | urden | | | | | | | |

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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Instruc | tion 10. | | | | | | | | | | | | | | | |
|---|---|----------------------------|--|--|---|--|--------|--|----------------------|---|--|---|--|---|---------------------------------------|--|
| 1. Name and Address of Reporting Person* Walter Blane | | | <u>H</u> | 2. Issuer Name and Ticker or Trading Symbol HELIUS MEDICAL TECHNOLOGIES, | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
| | | :4) | /A 4: J -J - \ | $- \frac{\Pi}{\Pi}$ | INC. [HSDT] | | | | | | ' | | (give title | | (specify | |
| (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 | | | | | | | 20.011) | | 20.01 | , | |
| 042 NEW TOWN YARDLEY ROAD, SUITE 100 | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) NEWTOWN PA 18940 | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | Persor | 1 | | | |
| | | Tab | le I - Non-De | rivativ | e Se | curities | s Ac | quired, D | isposed o | f, or Be | neficial | ly Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | | | Beneficia Owned F | es Formally (D) (Following (I) (I | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code V | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | (Instr. 4) | | |
| | | • | Гаble II - Deri (e.g. | | | | | uired, Dis , options | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) Exec | 3A. Deemed Execution Date, if any (Month/Day/Year | 4. Transa Code 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) | | Derivative Security | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option (Right to Buy) | \$0.7292 | 01/06/2025 | | A | | 10,732 | | (1) | 01/05/2035 | Class A Common Stock | 10,732 | \$0 | 10,732 | 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 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 Attorney

01/08/2025

** 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.