

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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* <u>A&B (HK) Co Ltd</u> (Last) (First) (Middle) UNIT A, 11TH FLOOR, CHUNG PONT COMMERCIAL BUILDING, 300 HENNESSY ROAD (Street) WANCHAI K3 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 12/29/2015	3. Issuer Name and Ticker or Trading Symbol <u>HELIUS MEDICAL TECHNOLOGIES, INC. [HSDT]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A Common Stock	7,638,889	D	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				
Warrant	11/10/2015	11/12/2018	Class A Common Stock 1,041,667	1.44	D	
Warrant	01/07/2016	01/07/2019	Class A Common Stock 2,777,778	1.35	D	

1. Name and Address of Reporting Person*
A&B (HK) Co Ltd
 (Last) (First) (Middle)
 UNIT A, 11TH FLOOR, CHUNG PONT
 COMMERCIAL BUILDING, 300 HENNESSY ROAD
 (Street)
 WANCHAI K3
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
A&B Brother Ltd
 (Last) (First) (Middle)
 TRIDENT CHAMBERS, P.O. BOX 146
 ROAD TOWN
 (Street)
 TORTOLA VI VG1110
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Lam Kong
 (Last) (First) (Middle)
 8/F BLDG A, TONGFANG INFORMATION HARBOR
 NO. 11 LANGSHAN ROAD

(Street)

NANSHAN
DISTRICT,
SHENZHEN

F4

(City)

(State)

(Zip)

Explanation of Responses:

Remarks:

A&B (HK) COMPANY

LIMITED, By: /s/ Lam Kong,

Name: Dr. Lam Kong, Title:

Director

03/04/2016

A&B BROTHER LIMITED,

By: /s/ Lam Kong, Name: Dr.

Lam Kong, Title: Director

03/04/2016

/s/ Lam Kong, Dr. Lam Kong

03/04/2016

** 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 5 (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.