FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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STATEMENT OF CHANGES 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).

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

| Name and Address of Reporting Person* Giles Lisa M. | | | | 2. Issuer Name and Ticker or Trading Symbol Milestone Pharmaceuticals Inc. [MIST] | | | | | | | | | ck all applic Directo | able) r | g Pers | son(s) to Iss | ner | | |
|--|---|------------|-------------|---|---|------|-----------------|-----|--|------------------------------|--|--|-------------------------------|---|---|--------------------|--|---------------------------------------|--|
| (Last) (First) (Middle) C/O MILESTONE PHARMACEUTICALS INC. | | | | - | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2020 | | | | | | | | | Officer below) | (give title | Other (s below) | | pecify | |
| 1111 DR. FREDERIK-PHILIPS BLVD, STE 420 | | | 20 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) MONTR | EAL A | A8 H4M 2X6 | | | | | | | | | | | l ' | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non- | -Deriva | tive | Seci | urities | Ac | quired, D | isp | osed o | f, or Be | nefi | cially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | | Code (Instr. 5) | | | 4 and Securitie Beneficia | | es Formally (D) (Following (I) (I | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | Code | / | Amount | nount (A) or (D) | | rice | Transacti (Instr. 3 a | tion(s) | | | (III3ti. 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) | erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any | | | Co | Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode V | , | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amo or Num of Sha | . | | | | | |
| Stock Option (right to buy) | \$7.1 | 10/01/2020 | | 1 | Λ | | 30,000 | | (1) | 10 | 0/01/2030 | Common Shares | 30, | 000 | \$0.00 | 30,000 |) | D | |

Explanation of Responses:

1. This option will vest in equal monthly installments, beginning on November 1, 2020, over a period of three years, subject to the Reporting Person continuing to provide service through each such vesting date.

Remarks:

/s/ Jason Minio, Attorney-in-10/05/2020 Fact

** 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.