FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 2	20549	

OMB APPROVAL OMB Number: 3235-0287 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 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

securiti to satis	fy the affirmations of Rule 10b	that is intended re defense															
1. Name and Address of Reporting Person* Wills Robert James				2. Issuer Name and Ticker or Trading Symbol Milestone Pharmaceuticals Inc. [MIST]							Relationship heck all appli	cable)	g Pers	on(s) to Issu			
	LESTONE I	PHARMACEUT				3. Date of Earliest Transaction (Month/Day/Year) 08/28/2024								Officer (give title below)		Other (s below)	pecify
1111 DR. FREDERIK-PHILIPS BLVD, STE 420 (Street) MONTREAL A8 H4M 2X6				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S		(Zip)														
		Tab	le I - Nor	n-Deriv	ative	e Se	curities	s Ac	quired, D	isposed	of, or Be	eneficia	lly Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Yea		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)				Benefici Owned F	es Formalially (D) Following (I)	Form (D) or	Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V	Amount	(A) (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
		-							uired, Dis , options				y Owned				
1. Title of Derivative Security (Instr. 3) 1. Title of Conversion or Exercise Price of Derivative Security 1. Title of Date (Month/Day/Year) 2.		Date,	Code (Instr.				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) (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	Amount or Number of Shares					
Stock Option (right to	\$1.45	08/28/2024			Α		40,000		(1)	08/28/2034	Common Shares	40,000	\$0	40,000)	D	

Explanation of Responses:

1. This option will vest in twelve (12) equal monthly installments, beginning on September 28, 2024, provided that the option will in any case be fully vested on the date of next annual meeting of the stockholders of the Issuer, subject to the Reporting Person continuing to provide service through each such vesting date.

/s/ Jason Minio, Attorney-in-**Fact**

08/29/2024

** 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.