FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
rvasinigton,	D.C.	20040

## 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

1. Name and Address of Reporting Person*  TOMSICEK MICHAEL JOHN					Mil	Issuer Name and Ticker or Trading Symbol     Milestone Pharmaceuticals Inc. [ MIST ]      Date of Earliest Transaction (Month/Day/Year)							(Ch	eck all appli	,	Perso	in(s) to Issu 10% Ow Other (sp	ner	
(Last)	(Fi	rst)	(Middle)			06/07/2023								below)	(give title		below)	Jeeny	
C/O MILESTONE PHARMACEUTICALS INC. 1111 DR. FREDERIK-PHILIPS BLVD, STE 420					4. If <i>F</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person						
(Street) MONTR?AL A8 H4M 2X6													Form filed by More than One Reporting Person						
(City)	(Si	tate)	(Zip)		$ $	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										d to			
		Tab	le I - Nor			_			quired, D	<u> </u>									
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date,		Date,	Code (Ins	ansaction Disposed O ode (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 a		Benefici	es Fo ally (D Following (I)	6. Own Form: I (D) or II (I) (Inst	Direct o ndirect E r. 4) C	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v .	Amount	(A) o (D)	r Price	Transaci (Instr. 3	tion(s)					
	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)  2. Conversion or Exercise (Instr. 3)  Price of Derivative Security  3. Transaction Date Execution Date, if any (Month/Day/Year)				Date,		ransaction of ode (Instr. Derivative			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)	, O F D 0 (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Exp Date	oiration e	Title	Amount or Number of Shares						
Stock Option (right to buy)	\$3.86	06/07/2023			A		30,000		(1)	06/0	07/2033	Common Shares	30,000	\$0.00	30,000		D		

## **Explanation of Responses:**

1. This option will vest in twelve (12) equal monthly installments, beginning on July 7, 2023, 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.

## Remarks:

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

06/09/2023

\*\* 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.