FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OIVID APPROVAL								
OMB Number:	3235-0287							
Estimated average bu	ırden							
hours nor roomanas:	0.5							

OMB ADDDOMAL

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 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

111001001	11011 10.																	
1. Name and Address of Reporting Person* Saik Andrew			2. Issuer Name and Ticker or Trading Symbol Milestone Pharmaceuticals Inc. [MIST]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)								(give title		Other (sbelow)					
C/O MILESTONE PHARMACEUTICALS INC.				08/28/2024														
1111 DR. FREDERIK-PHILIPS BLVD, STE 420																		
			4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable							
(Street)												Line) Form filed by One Reporting Person						
MONTR	EAL A	8	H4M 2X6												filed by Moi		n One Repo	
(City)	(S	tate)	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.				Execution Date,		Code (Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. 5)			ed (A) or str. 3, 4 an	Benefic Owned	s Formally (D) (of the collowing (I) (I)	Form (D) o	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 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) 2. Conversion Date Of Exercise Price of Derivative Security					ransac	ransaction of ode (Instr. Derivative		ve es ed ed nstr.	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)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
		c	ode	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares							
Stock Option (right to buy)	\$1.45	08/28/2024			A		40,000		(1)	C	08/28/2034	Common Shares	40,000	\$0	40,00	0	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.

Fact

/s/ Jason Minio, Attorney-in-08/29/2024

Date

** Signature of Reporting Person

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.