FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Was | hington, | D.C. | 20549 |
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| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | |
| 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* TRUEX PAUL F | | | | 2. Issuer Name and Ticker or Trading Symbol Milestone Pharmaceuticals Inc. [MIST] | | | | | | | | | | k all applic Directo | r 109 | | 10% Ov | vner | | |
|---|--|------------|-------|--|---|--|---|------|--|--------|--|------------------|---|---|---|---|--|---------------------------------------|---------|--|
| (Last) (First) (Middle) C/O MILESTONE PHARMACEUTICALS INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/14/2021 | | | | | | | | | | Officer below) | (give title | | Other (s below) | specify | |
| 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) MONTR?AL A8 H4M 2X6 | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) | | | | 4 and Securitie Beneficia | | es Form ally (D) of following (I) (II | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | | ce | Transacti (Instr. 3 a | action(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 Price of Derivative Security (Instr. 3) 3. Transaction Date Execution Date (Month/Day/Year) (Month/Day/Year) | | | | ransaction of Deriv ode (Instr.) Secu Acqu (A) o Disp of (D | | of Derivati Securiti Acquire (A) or Dispose of (D) (II | of Ex Derivative (M Securities Acquired | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | | 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) | | |
| | | | | Co | ode | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amou or Numb of Share | per | | | | | | |
| Stock Option (right to buy) | \$5.54 | 06/14/2021 | | | A | | 30,000 | | (1) | 0 | 6/14/2031 | Common Shares | 30,0 | 00 | \$0.00 | 30,000 | 0 | D | | |

Explanation of Responses:

1. This option will vest in twelve (12) equal monthly installments, beginning on July 14, 2021, 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

07/29/2021 ** 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.