FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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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

1. Name and Address of Reporting Person*  Giles Lisa M.				Mil	Issuer Name and Ticker or Trading Symbol     Milestone Pharmaceuticals Inc. [ MIST ]      Date of Earliest Transaction (Month/Day/Year)								Relationship of Reporting Person(s) to (Check all applicable)     Director 10%     Officer (give title Oth)				ner	
(Last)	(Fi	rst)	(Middle)			06/07/2023								below)	(give title		Other (s below)	pecily
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	Individual or Joint/Group Filing (Check Applicable te)  X Form filed by One Reporting Person						
(Street) MONTREAL A8 H4M 2X6				Form filed by More than One Reporting Person										ting				
(City)	(Si	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contrastisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction								on or written	plan t	hat is intende	d to		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,		Transaction Disposed Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 a		Benefici	es ally Following	Form (D) o	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code V Amount (A) or F			r Price	Transact	tion(s)			msu. 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 or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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 derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Date Expiration				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.