FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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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

| Name and Address of Reporting Person* | | | | 2. Issuer Name and Ticker or Trading Symbol Milestone Pharmaceuticals Inc. [MIST] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|--|-----------|------------|------------------|---|-------|---|---|----------------|--------------------|---------------------------|---|--|--|--|--|--------------------|--------|--|--|
| Wills Robert James | | | | 1 | 1100 | tone 11 | Turr | <u>accuare</u> | uis | <u> </u> | 1101 | | X Direct | or | | 10% Ov | /ner | | |
| | LESTONE I | PHARMACEUT | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2020 | | | | | | | Office below | r (give title) | | Other (s below) | pecify | | |
| 1111 DR. FREDERIK-PHILIPS BLVD, STE 420 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) MONTREAL A8 H4M 2X6 | | | | | | | | | | | | Lin | Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| | | Ao H-W 2Ao | | | | | | | | | | | | Perso | ung | | | | |
| (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, | | | 3. Transaction Code (Instr. 3, 4) 5) 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | | ed (A) or tr. 3, 4 and | Benefic | s Form ally (D) o following (I) (Ir | | m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | Code | v | Amount | (A) or (D) Price | | Transac (Instr. 3 | tion(s) | | | (mstr. 4) | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| | | | ransad ode (l | ansaction of | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and A of Securities Underlying Derivative Se (Instr. 3 and 4 | | | ies g Security | 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) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | c | ode | v | (A) | (D) | Date Exercisabl | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Stock Option (right to buy) | \$7.1 | 10/01/2020 | | | A | | 30,000 | | (1) | 1 | 0/01/2030 | Common Shares | 30,000 | \$0.00 | 30,000 |) | D | | |

Explanation of Responses:

1. This option will vest in equal monthly installments, beginning on November 1, 2020, over a period of three years, subject to the Reporting Person continuing to provide service through each such vesting date.

Remarks:

/s/ Jason Minio, Attorney-in-10/05/2020 Fact

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).