FORM 4

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

Washington, D.C. 20549

OMB APPROVAL

| OMB Number:            | 3235-0287 |
|------------------------|-----------|
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# 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 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

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| affirmative defense<br>10b5-1(c). See Inst  |                         |               |   |                          |   |                       |  |  |  |
|---|-------------------------|---------------|---|--------------------------|---|-----------------------|--|--|--|
| 1. Name and Address <u>Cashman Neil</u>   | s of Reporting Person * |               | 2. Issuer Name and Ticker or Trading Symbol ProMIS Neurosciences Inc. [ PMN ] | (Check                   | tionship of Reporting Personal applicable)  | on(s) to Issuer       |  |  |  |
| · · · · · · · · · · · · · · · · · · ·   |                         | (Middle)      | 3. Date of Earliest Transaction (Month/Day/Year) 02/10/2025                   | X                        | Director  Officer (give title below)  | Other (specify below) |  |  |  |
| C/O PROMIS NEUROSCIENCES INC.   |                         |               |   | Chief Scientific Officer |   |                       |  |  |  |
| SUITE 200, 1920 YONGE STREET   (Street)     TORONTO   A6   M4S 3E2   (City)   (State)   (Zip) |                         | M4S 3E2 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year)                      | 6. Indiv                 | ndividual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person |                       |  |  |  |

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction<br>Date<br>(Month/Day/Year) | Transaction Code (Instr. |   | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 and 5) |               |         | 5. Amount of<br>Securities<br>Beneficially Owned<br>Following Reported | 6. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 4) | Beneficial<br>Ownership |
|---------------------------------|--|--------------------------|---|--|---------------|---------|--|---|-------------------------|
|                                 |  | Code                     | v | Amount   | (A) or<br>(D) | Price   | Transaction(s)<br>(Instr. 3 and 4)                                     |   | (Instr. 4)              |
| Common Shares                   | 02/10/2025                                 | P                        |   | 15,000   | A             | \$0.973 | 16,617   | I   | By his spouse           |
| Common Shares                   |  |                          |   |  |               |         | 113,304  | D   |                         |

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security (Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |  | Execution Date, | Transaction<br>Code (Instr.<br>8) |   | 5. Number of<br>Derivative<br>Securities<br>Acquired (A)<br>or Disposed of<br>(D) (Instr. 3, 4<br>and 5) |     | Expiration Date<br>(Month/Day/Year) |                    | 7. Title and Amount of<br>Securities Underlying<br>Derivative Security<br>(Instr. 3 and 4) |                                     | Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|--|---|--|-----------------|-----------------------------------|---|--|-----|-------------------------------------|--------------------|--|-------------------------------------|--------------------------------------|--|--|--|
|  |   |  |                 | Code                              | v | (A)  | (D) | Date<br>Exercisable                 | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of Shares |                                      | Transaction(s)<br>(Instr. 4)   |  |  |

Explanation of Responses:

/s/ Max A. Milbury, Attorney in Fact for Neil Cashman

02/12/2025

\*\* 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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).