

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL			
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nours per respons	se 0.5		

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 Geffken Daniel E.	Stateme	2. Date of Event Requiring Statement (Month/Day/Year) — 07/07/2022		3. Issuer Name and Ticker or Trading Symbol ProMIS Neurosciences Inc. [PMN]				
	fiddle)			4. Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date Original Filed(Month/Day/Year) 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City) (State)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned			wned			
1.Title of Security (Instr. 4)			nount of Secur ficially Owned . 4)	Securities 3. Ownership 4. Nature of Indirect Beneficial Owner			et Beneficial Ownership	
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	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Geffken Daniel E. C/O PROMIS NEUROSCIENCES INC., 1920 YONGE STREET, SUITE 200 TORONTO, A6 M4S 3E2			Chief Financial Officer		

Signatures

/:	s/ Jason L. Langford, Attorney-in-Fact for Daniel E. Geffken	07/07/2022
	**Signature of Reporting Person	Date

Explanation of Responses:

If the form is filed by more than one reporting person, see Instruction 5(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).
- (1) Conversion or exercise price is in Canadian dollars.
- (2) The option agreement provides that 20% of the options vested immediately, with the balance vesting ratably over 36 months. The option was granted on March 1, 2017.
- (3) The option agreement provides that the options become exercisable in twelve equal monthly installments beginning one month after the grant. The option was granted on November 12, 2021.

Remarks:

Exhibit List: Exhibit 24 - Power of Attorney

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, that the undersigned hereby constitutes and appoints Jason L. Langford and Nicole A. Edmonds with full power to act as the undersigned's true and lawful attorneys-in-fact, with full power of substitution, to:

- 1) execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director and/or beneficial owner of ProMIS Neurosciences Inc. (the "Company"), the Update Passphrase, Consent of Reporting Person and Forms 3, 4 and 5 in accordance with Section 16(a) of the Securities Exchange Act of 1934, as amended, and the rules thereunder;
- 2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Update Passphrase, Consent of Reporting Person and Forms 3, 4 and 5, complete and execute any amendment or amendments thereto, and timely file such form with the United States Securities and Exchange Commission and any stock exchange or similar authority; and
- 3) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the best interest of, or legally required by, the undersigned, it being understood that the documents executed by such attorney-in-fact on behalf of the undersigned pursuant to this Power of Attorney shall be in such form and shall contain such terms and conditions as such attorney-in-fact may approve in such attorney-in-fact's discretion.

The undersigned hereby grants to the attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the undersigned might or could do if personally present with full power of substitution or revocation, hereby ratifying and confirming all that such attorney-in-fact or such attorney-in-fact's substitute or substitutes shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

This power of attorney shall remain in full force and effect until revoked by the undersigned in a signed writing delivered to the attorney-in-fact.

IN WITNESS WHERE	EOF, the undersigned has caused this Power of Attorney	y to be executed as of this 27th day of April, 2022.
		/s/ Daniel E. Geffken
		Daniel E. Geffken Chief Financial Officer
state of	Massachusetts)
County of	Middlesex) ss.)
	7th day of April, 2022, before me, the undersigned not of for the purposes stated therein.	ary public, personally appeared Daniel E. Geffken who acknowledged that he executed the
IN WITNE	ESS WHEREOF, I hereunto set my hand and official se	al.
		/s/ Cynthia D. Sasso
		Notary Public
My Commission Expires:		
August 19, 2027		
SEAL]		