

## 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

(Print or Type Responses)

1. Name and Address of Reporting Person* ALTSTIEL LARRY DOUGLAS (Last) (First) (Middle) C/O PROMIS NEUROSCIENCES INC., 1920 YONGE STREET, SUITE 200 (Street) TORONTO, A6 M4S 3E2 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 07/07/2022	3. Issuer Name and Ticker or Trading Symbol ProMIS Neurosciences Inc. [PMN]		
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) Chief Medical Officer		5. If Amendment, Date Original Filed(Month/Day/Year)
		6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person		

### Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**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 control number.**

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Option (right to buy)	(2)	02/10/2032	Common Shares	2,500	\$ 8.4 (1)	D	
Option (right to buy)	(3)	04/14/2032	Common Shares	30,833	\$ 7.2 (1)	D	

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
ALTSTIEL LARRY DOUGLAS C/O PROMIS NEUROSCIENCES INC., 1920 YONGE STREET, SUITE 200 TORONTO, A6 M4S 3E2			Chief Medical Officer	

## Signatures

/s/ Jason L. Langford, Attorney-in-Fact for Larry Douglas Altstiel	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 833 options vest immediately upon grant, with the balance vesting equally over 24 months. The option was granted on February 10, 2022.

(3) The option agreement provides that the options become exercisable in 48 equal monthly installments beginning one month after the grant. The option was granted on April 14, 2022.

**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 Form ID Application, the Update Passphrase request, 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 Form ID Application, Update Passphrase request, 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 WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 28th day of April, 2022.

/s/ Larry Douglas Altstiel  
 Larry Douglas Altstiel  
 Chief Medical Officer

State of **Pennsylvania** )  
 ) ss.  
 County of **Philadelphia** )

On this 28th day of April, 2022, before me, the undersigned notary public, personally appeared Larry Douglas Altstiel who acknowledged that he executed the foregoing Power of Attorney for the purposes stated therein.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

/s/ Patrick Wagner  
 Notary Public

My Commission Expires:

April 25, 2024

[ SEAL ]

Commonwealth of Pennsylvania – Notary Seal
Patrick Wagner, Notary Public
Philadelphia County
My Commission Expires Apr 25, 2024
Commission Number 1206782

Notarial act performed by audio-visual communication