SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

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

☐ 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 affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person *	2. Issuer Name **and** Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
ABG Management Ltd.	ProMIS Neurosciences Inc. [PMN]	Director X 10% Owner
(Last) (First) (Middle)	3. Date of Earliest Transaction (Month/Day/Year)	Officer (give title below) Other (specify below)
#3902, 39/F, E TOWER,	10/22/2025	
10 HARCOURT RD CTR	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)
(Street)		Form filed by One Reporting Person
HONG KONG K3		X Form filed by More than One Reporting Person
(City) (State) (Zip)		

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

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 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)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Option (right to buy)	$0.45	10/22/2025		A		40,000		(1)	10/22/2035	Common Shares	40,000	$0	40,000	D(2)	

1. Name and Address of Reporting Person *
ABG Management Ltd.
(Last) (First) (Middle)
#3902, 39/F, E TOWER,
10 HARCOURT RD CTR
(Street)
HONG KONG K3
(City) (State) (Zip)

1. Name and Address of Reporting Person *
Ally Bridge MedAlpha Master Fund L.P.
(Last) (First) (Middle)
C/O MAPLES CORPORATE SERVICES LIMITED,
P.O. BOX 309, UGLAND HOUSE,
(Street)
GRAND CAYMAN E9
(City) (State) (Zip)

1. Name and Address of Reporting Person *

Ally Bridge Group (NY) LLC

(Last)	(First)	(Middle)
430 PARK AVENUE, 12TH FLOOR		
(Street)		
NEW YORK,	NY	10022
(City)	(State)	(Zip)

1. Name and Address of Reporting Person *

Yu Fan

(Last)	(First)	(Middle)
#3902, 39/F, E TOWER, 10 HARCOURT RD CTR		
(Street)		
HONG KONG	K3	
(City)	(State)	(Zip)

1. Name and Address of Reporting Person *

Alex Slanix Paul

(Last)	(First)	(Middle)
C/O PROMIS NEUROSCIENCES INC. SUITE 200, 1920 YONGE STREET		
(Street)		
TORONTO,	A6	M4S 3E2
(City)	(State)	(Zip)

Explanation of Responses:

1. 25% of the shares subject to this option vested on the date of grant and the remaining shares shall vest in thirty-six equal monthly installments thereafter, subject to the Reporting Person's continued service on each such vesting date.

2. This option was granted to Slanix Alex, a director of the Issuer and an employee of Ally Bridge Group (NY) LLC, which manages the investments of Ally Bridge MedAlpha Master Fund L.P. Dr. Alex holds any equity-based compensation awarded to him for his service as a director of the Issuer for the benefit of Ally Bridge MedAlpha Master Fund L.P. Any proceeds from the sale of shares upon exercise of this award shall be remitted to Ally Bridge MedAlpha Master Fund L.P. The Reporting Person disclaims beneficial ownership of such securities for purposes of Section 16 except to the extent of his pecuniary interest therein, if any, and this report shall not be deemed an admission that such securities are beneficially owned by him for Section 16 or any other purpose.

ABG Management Ltd., By: /s/ Fan Yu, Director	10/24/2025
Ally Bridge MedAlpha Master Fund L.P., By: Ally Bridge Group (NY) LLC, its manager, By: ABG Management Ltd., its managing member, By: /s/ Fan Yu, Director	10/24/2025
Ally Bridge Group (NY) LLC, By: ABG Management Ltd., its managing member, By: /s/ Fan Yu, Director	10/24/2025
/s/ Fan Yu	10/24/2025
/s/ Max A. Milbury, Attorney-in-Fact for Slanix Paul Alex	10/24/2025
** 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.