FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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* ABG Management Ltd.		2. Date of Event Requiring Statement (Month/Day/Year) 07/29/2025	3. Issuer Name and Ticker or Trading Symbol ProMIS Neurosciences Inc. [PMN]				
(Last)	(First)	(Middle)		Relationship of Reporting Per (Check all applicable)	rson(s) to Issuer	5. If Amendment, Date of Original Filed (Month/Day/Year)	
#3902, 39/F, E 7				Director Officer (give title below)	X 10% Owner Other (specify below)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting	
(Street) HONG KONG	K3	000000000				X Person	
(City)	(State)	(Zip)					

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	, ,	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	Nature of Indirect Beneficial Ownership (Instr. 5)
Common Shares	6,058,738	I	See Footnote ⁽¹⁾

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)		or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)		
Warrants	02/21/2024	02/21/2029	Common Shares	1,066,674	1.75	I	See Footnote ⁽¹⁾	
Warrants	07/26/2024	(2)	Common Shares	1,274,759	0.01	I	See Footnote ⁽¹⁾	
Warrants	07/29/2025	07/29/2030	Common Shares	7,348,604	1.25	I	See Footnote ⁽¹⁾	

(Last)	(First)	(Middle)
#3902, 39/F, E TO	WER,	
10 HARCOURT R	D CTR	
(Street)		
HONG KONG	K3	0000000000
(City)	(State)	(Zip)
1. Name and Address	of Reporting Person *	
1. Name and Address of Ally Bridge Me		r Fund L.P.
		r Fund L.P. (Middle)
Ally Bridge Me	edAlpha Maste (First)	(Middle)
Ally Bridge Me	edAlpha Maste (First) RPORATE SERV	(Middle)
Ally Bridge Medical Company (Last) C/O MAPLES CO	edAlpha Maste (First) RPORATE SERV	(Middle)
Ally Bridge Mo (Last) C/O MAPLES CO P.O. BOX 309, UC	(First) RPORATE SERV GLAND HOUSE,	(Middle)

1. Name and Addre	ess of Reporting Person		
Ally Bridge	Group (NY) LLC	<u>1</u>	
(Last)	(First)	(Middle)	
430 PARK AV	ENUE,		
12TH FLOOR,			
(Street)			
NEW YORK,	NY	10022	
(City)	(State)	(Zip)	
1. Name and Addre	ess of Reporting Person		
Yu Fan			
(Last)	(First)	(Middle)	
#3902, 39/F, E	TOWER.		
10 HARCOUR			
_			
(Street)			
HONG KONG			
(City)	(State)	(Zip)	

Explanation of Responses:

1. These securities are held of record by Ally Bridge MedAlpha Master Fund L.P. Mr. Fan Yu is the controlling stockholder of ABG Management Ltd., which is the sole member of Ally Bridge Group (NY) LLC, which manages the investments of Ally Bridge MedAlpha Master Fund L.P. As such, each of the foregoing entities and Mr. Fan Yu may be deemed to share beneficial ownership of the securities held of record by Ally Bridge MedAlpha Master Fund L.P. Each of them disclaims beneficial ownership of such securities.

2. The warrants will expire when exercised in full.

ABG Management Ltd., By: /s/ 08/04/2025 Fan Yu, Director Ally Bridge MedAlpha Master Fund L.P., By: Ally Bridge Group (NY) LLC, its manager, By: ABG 08/04/2025 Management Ltd., its managing member, By: /s/ Fan Yu, Director Ally Bridge Group (NY) LLC, By: ABG Management Ltd., its 08/04/2025 managing member, By: /s/ Fan Yu, Director 08/04/2025 /s/ Fan Yu ** 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 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).