FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 | |
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| vasilliquon, | D.C. | 20049 | |

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

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* LANGER DENNIS | | | | | 2. Issuer Name and Ticker or Trading Symbol Quoin Pharmaceuticals, Ltd. [QNRX] | | | | | | | | | | tionship all app Direc | licable) | ng Pe | rson(s) to Is | |
|--|--|---------|--------------|---|--|---|--|------------------------------|---|------------|--------------------|---|--|---|--|---|--|---|--|
| (Last) | (Fir | st) (N | /liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/07/2024 | | | | | | | | | Office below | er (give title v) | | Other (s below) | specify | |
| C/O QUOIN PHARMACEUTICALS LTD. | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| 42127 PLEASANT FOREST COURT | | | | | | | | | | | | Line) Form filed by One Reporting Person | | | | | | | |
| (Street) ASHBURN VA 20148 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | on | | | | | | |
| (City) | (Sta | ate) (Z | <u>ľ</u> ip) | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or v satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | uction or writt | ten pla | an that is inter | nded to | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | , Dis | posed of | , or E | Benefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Da | | ution [| ution Date, Tr | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr | | | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount | (A) (D) | or Price | • | | ed ction(s) 3 and 4) | | | (Instr. 4) | | |
| Ordinary Shares 06/07/2 | | | | | 2024 | | | | S | | 297(1) | Г | \$0. | 0.732 | | 53(1) | | D | |
| 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) | tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | ion Date, | 4. Transaction Code (Instr. 8) | | 5. Nu of Deriv Secu Acqu (A) o Dispo of (D (Instr and § | rities lired r osed) r. 3, 4 | 6. Date Expirat (Month | ion Da | | | int of rities rlying ative rity (Instr. | 8. Price Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. Reported securities are represented by American Depositary Shares ("ADSs"). Each ADS represents one ordinary share of the Issuer.

/s/ Dennis Langer 06/10/2024

** 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.