FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL					
OMB Number:	3235- 0104				
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Culverwell Anthony James  2. Date of Event Requiring Statement (Month/Day/Year) 01/01/2023  3. Issuer Name and Ticker or Trading Symbol Quoin Pharmaceuticals, Ltd. [ QNRX ]								
(Last) (First) (Middle)  AZRIELI CENTER, ROUND  TOWER, 30TH FLOOR			4. Relationship of Replace (Check all applicable)  X Director	•		5. If Amendment, Filed (Month/Day 01/03/2023		
132 MENACHEM BEGIN BLVD			Officer (give title below)	Other below	(specify	6. Individual or Jo (Check Applicable	e Line)	
(Street) TEL AVIV L3 6701101						A Person	by One Reporting by More than One Person	
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)		2. Amount of Securitie Beneficially Owned (II 4)		Direct C	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
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)		4) or Exe		4. Convers or Exerc	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
				Amount or	Derivativ	ve or Indirect	5)	
	Date Exercisable	Expiration Date	Title	Number of Shares	Security	(I) (Instr. 5)		

## **Explanation of Responses:**

1. The reporting person's original Form 3 incorrectly indicated the options vest in four equal annual installments beginning on April 12, 2023; however, the options vest in three equal annual installments beginning on April 12, 2023.

/s/ James Culverwell 03/06/2023

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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).

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.