FORM 4

UNITED STATES SECU

Washington, D.C. 20549

JKI	IIES	AND	EXCH	IANGE	COMM	ISSION

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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.

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

	JD5-1(C). See II																	
Name and Address of Reporting Person* Carter Denise P.					2. Issuer Name and Ticker or Trading Symbol Quoin Pharmaceuticals, Ltd. [QNRX]						(Chec	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				- 1								1	Director			10% Ow	ner	
													V	Officer (give title		Other (s	pecify
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)							1	below)					
C/O QUOIN PHARMACEUTICALS LTD.,					12/09/2024							1	Chief Operating Officer					
42127 PLEASANT FOREST COURT													1					
HZ1Z/ I EE/IS/IVI I OKESI COOKI					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable						
(Street)					4. II Amendment, Date of Original Filed (Month/Day/Year)							Line)						
ASHBURN, VA 20148												1	▼ Form filed by One Reporting Person					
ASHBUKII, VA 20146														Form filed by More than One Reporting Person				
(City)	(S	state)	(Zip)															
		Ta	able I - Non-I	Deriva	tive S	ecurities	Acc	quired,	Dis	posed of	f, or B	enefi	cially	Owned				
1. Title of Security (Instr. 3) 2. Transa								3. 4. Securities Acquired (A) o) or	5. Amount			nership 7	'. Nature of		
				ate //onth/Da	Execution Date, Day/Year) if any		Transaction Disposed Of Code (Instr.		Of (D) (Instr. 3, 4 and 5)		Securities Beneficially Owned Following Reported		(D) or Indirect (I) (Instr. 4)		Indirect Beneficial Ownership			
					, ,	(Month/Day/Y	y/Year											
								Code	v	Amount	(A)	or	Price	Transactio	on(s)		("	Instr. 4)
								<u> </u>	Amount (D)		<u>. l</u> .	1100	(Instr. 3 an	d 4)				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
			(e	g., pu	ıs, ca						ne sec	uritie	(5)					
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)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title		unt or ber of es		(Instr. 4)			
Share Option (Right to Buy)	\$ 0.78 ⁽¹⁾	12/09/2024		A		536,609 ⁽¹⁾		(2)		12/09/2034	ADS ⁽¹⁾	536	,609 ⁽¹⁾	\$0	536,60	9 ⁽¹⁾	D	

Explanation of Responses:

- 1. The number of securities underlying the option and the exercise price are listed in terms of American Depositary Shares ("ADSs"). Each ADS represents one ordinary share of the Issuer.
- 2. The option vests in four annual installments with 20% vesting on each of December 9, 2025, 2026 and 2027 and 40% vesting on December 9, 2028.

/s/ Denise Carter 12/10/2024

** Signature of Reporting Person

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.