FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington.	. D.C.	20549	

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

OMB APPROVAL								
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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.

Instruction 1(b)

Name and Address of Reporting Person* Myers Michael			2. Issuer Name and Ticker or Trading Symbol Quoin Pharmaceuticals, Ltd. [QNRX]							. Relat Check	ssuer							
											Office	er (give title		specify				
(Last) (First) (Middle)					Date of Earliest Transaction (Month/Day/Year)							1	below		below)			
C/O QUOIN PHARMACEUTICALS LTD.			09/03/2024							Chief Executive Officer								
42127 P	LEASAN	FOREST COU	RT															
- International Country of the Count				4. If	Amendn	nent, Date	of Origi	nal File	ed (Month/Da	y/Year)		6. Individual or Joint/Group Filing (Check Applicable						
(Street)												Li	Line) Form filed by One Reporting Person					
ASHBU	RN V	'A	20148										1		•	e keporting Pers		
														Perso		c than one rep	orang	
(City)	(5	State)	(Zip)															
		Table	e I - No	on-Deriva	tive	Secur	ities Ac	quired	d, Dis	sposed of	, or Be	nefic	ially	Own	ed			
Diametry (mounty)		2. Transaction Date (Month/Day/Yea		Execution Date,		Transaction Disposed Of Code (Instr.			s Acquired (A) or f (D) (Instr. 3, 4 a				ties cially Following	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		Transa	ction(s) 3 and 4)		(111501. 4)	
Ordinary	Shares			09/03/20	024			P		800(1)	A	\$0.6	519	10	,158(2)	D		
Ordinary	Shares			09/04/20	024			P		5,322(1)	Α	\$0.6	558	1:	5,480	D		
Ordinary	Shares			09/04/20)24			P		8,200(1)	A	\$0.7	481	23,680		D		
Ordinary	Ordinary Shares 09/04/20		024			P		23,572(1)	A	\$0.7	974	4′	7,252	D				
		Ta	able II							oosed of, o				wne	d			
4 7744 - 5	1.	10.7 //				ans, w		_			7. Title a		·				144 N :	
Derivative Conversion Date Exe Security or Exercise (Month/Day/Year) if ar		Execu	eemed ution Date, :h/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D)	expiration (Month/I		6. Date Exercisable and Expiration Date (Month/Day/Year)		of of es ng /e (Instr.	Deri Secu	Price of rivative curity Securities Beneficiall Owned Following Reported Transactio		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)		

Explanation of Responses:

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

Code

2. Effective July 18, 2023, the ratio of ADSs evidencing ordinary shares changed from 1 ADS representing five thousand (5,000) ordinary shares to 1 ADS representing sixty thousand (60,000) ordinary shares, which resulted in a 1 for 12 reverse split of the issued and outstanding ADSs. Effective November 8, 2023, the Issuer completed a 1 for 60,000 reverse split of the ordinary shares which resulted in the ratio of ADSs evidencing ordinary shares to be changed from 1 ADS representing sixty thousand (60,000) ordinary shares to 1 ADS representing one (1) ordinary shares. The amount of ordinary shares reported in this column includes ordinary shares previously included in the Reporting Person's Form 3, adjusted to reflect the number of ordinary shares resulting from the 1 for 60,000 reverse split effective November 8, 2023.

Date

Exercisable

Expiration Date

and 5)

(A) (D)

/s/ Michael Myers

Amount

Shares

09/05/2024

** Signature of Reporting Person

Title

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.