SEC Form 4	

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

							vv	asnin	gton, D.C	. 2054	+9						OMB	APPRO\	/AL
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					FILED PURSUANT 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 Number: 3235-0287 Estimated average burden hours per response: 0.5		
transa contra the pu securit to satis conditi	rchase or sale of	pursuant to a written plan for of equity r that is intended ve defense																	
1. Name and Address of Reporting Person [*] Culverwell Anthony James					2. Issuer Name and Ticker or Trading Symbol <u>Quoin Pharmaceuticals</u> , <u>Ltd.</u> [QNRX]										k all applic	able)	Reporting Perso ble)		ner
<u> </u>	(Last) (First) (Middle) C/O QUOIN PHARMACEUTICALS LTD.,				3. Date of Earliest Transaction (Month/Day/Year) 12/23/2024										Officer below)	(give title		Other (specify below)	
42127 P (Street) ASHBU		FOREST COUF	20148		Line)							oint/Group Filing (Check Applicable led by One Reporting Person led by More than One Reporting							
(City)	(S	tate)	(Zip)																
		Tab	ole I - Nor	n-Deriv	ative	e Sec	curities	Acc	quired,	Disp	oosed of,	or B	enefic	ially	Owned				
1. Title of Security (Instr. 3) 2. Trans Date (Month/I			Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed C Code (Instr. 5)		es Acquired (A) Of (D) (Instr. 3, 4		and Securitie Beneficia Owned F		es For ally (D) Following (I) (orm: Direct)) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount (A) or (D)		or Pri	ce	Reported Transacti (Instr. 3 a	tion(s)		((Instr. 4)	
Ordinary Shares ⁽¹⁾		12/23	3/2024				P ⁽²⁾		100,000	0 A \$		0.45	5 100,317		D				
		-									osed of, o onvertible)wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	cise (Month/Day/Year) f ive	3A. Deemed Execution I if any (Month/Day	Date, T	I. Fransactior Code (Instr. 3)				6. Date Exercisa Expiration Date (Month/Day/Yea		e	7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)		5 (8. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	ode	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amour or Numbe of Sha	er		(Instr. 4)			
Series F Warrants (right to buy)	\$0.45	12/23/2024			p ⁽²⁾ 100,000		12/23/202	24 ⁽³⁾	12/23/2026	ADS 100,0		00	(2)	100,000		D			
Series G Warrants (right to buy)	\$0.45	12/23/2024			p(2)		100,000		12/23/202	24 ⁽³⁾	12/24/2029	ADS	S 100,000 ⁽²⁾		100,000		D		

Explanation of Responses:

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

2. Each ADS purchased together with a Series F Warrant to purchase one ADS and a Series G Warrant to purchase one ADS in the Issuer's public offering which closed on December 23, 2024, at a combined public offering price of \$0.45. The Series F Warrants and the Series G Warrants are collectively referred to as the "Warrants."

3. The Warrants were exercisable immediately, subject to a beneficial ownership cap.

/s/ Anthony James Culverwell 12/26/2024

** 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.