SEC	Form	4

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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

1	Check this box if no longer subject to							
L	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations							
1	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

## 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

10b5-1(c). See	Instruction 10.						
1. Name and Address of Reporting Person* SHOGHI ALEXANDER (Last) (First) (Middle) C/O IANTHUS CAPITAL HOLDINGS, INC.			2. Issuer Name and Ticker or Trading Symbol <u>iANTHUS CAPITAL HOLDINGS, INC.</u> [ ITHUF] 3. Date of Earliest Transaction (Month/Day/Year)	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify below) below)			
			11/26/2024	below)			
214 KING STREET WEST, SUITE 400 (Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
TORONTO	A6	M5H 386					
(City)	(State)	(Zip)					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							

4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 7. Nature of 1. Title of Security (Instr. 3) 2A. Deemed 6. Ownership 2. Transaction 3 5. Amount of Securities Date Execution Date, Transaction Form: Direct (D) Indirect (Month/Dav/Year) if anv Code (Instr. **Beneficially Owned** or Indirect (I) Beneficial 8) (Month/Day/Year) Following Reported (Instr. 4) Ownership Transaction(s) (Instr. 4) (A) or (D) (Instr. 3 and 4) Code v Amount Price 11/26/2024 45,500,000(1) \$<mark>0</mark> 64,424,885 D Common Shares(1) Α A

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)	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)		Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Direct (D)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		

## Explanation of Responses:

1. Represents a grant of restricted stock units pursuant to the Issuer's Amended and Restated Omnibus Incentive Plan dated October 15, 2018. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock following vesting. Subject to accelerated vesting in certain circumstances, the restricted stock units are scheduled to vest on the first anniversary of the date of the grant, subject to the reporting person's continued service with the Issuer. The shares (or, in the sole discretion of the Issuer, cash in the amount equal to the Fair Market Value (as defined in the Plan) of such shares on the delivery date) subject to any vested restricted stock units.

Alexander Shoghi	
** Signature of Reporting Person	

12/02/2024

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.