FORM 4

### **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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

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

#### 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

Name and Address of Reporting Person*      Cohen Scott Herman			2. Issuer Name and Ticker or Trading Symbol iANTHUS CAPITAL HOLDINGS, INC. [ ITHUF]					
(Last) C/O IANTHUS C	, , , , , , , , , , , , , , , , , , , ,		3. Date of Earliest Transaction (Month/Day/Year) 09/19/2022		Officer (give title below)	Other (specify below)		
420 LEXINGTON AVENUE, SUITE 414 (Street)			4. If Amendment, Date of Original Filed (Month/Day/Year) 09/23/2022	Individual or Joint/Group Filing (Check Applicable Line     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
NEW YORK (City)	NY (State)	(Zip)	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contra affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.	ct, instructi	ion or written plan that is intended	to satisfy the		

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, Train		tion str.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)

# 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		3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. Security 8)  Transaction Deriving Acquired Disposition Code (Instr. Security Code (In		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	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)			
Restricted Stock Units	(1)	09/19/2022		A		6,568,629		(2)	(2)	Common Stock	6,568,629	\$0.00	6,568,629	D		

#### **Explanation of Responses:**

- 1. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock following vesting.
- 2. The restricted stock units were granted pursuant to the Issuer's Amended and Restated Omnibus Equity Incentive Plan dated October 15, 2018. 1,960,785 of the restricted stock units vested one (1) day after the date of grant. The remaining 4,607,844 restricted stock units will vest on the first anniversary of the date of grant, subject to the Reporting Person's continued service with the Issuer. The original Form 4, filed on September 23, 2022, is being amended by this Form 4 Amendment solely to correct the inadvertent misdescription therein of the foregoing vesting schedule as well as to insert in Column 3 of Table II the correct grant date for the restricted stock units.

Scott H. Cohen 05/31/2023

\*\* 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.