FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations 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* Wernli Miri Halperin				<u>N</u>	2. Issuer Name and Ticker or Trading Symbol Mind Medicine (MindMed) Inc. [MNMD]									S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	(First	t) ((Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/24/2022									Officer (give title below)			Other (specify below)		
C/O MIND MEDICINE (MINDMED), INC.														Executive President					
ONE WORLD TRADE CENTER, SUITE 8500				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NEW YORK NY 10007													X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Stat	e) ((Zip)																
		1	Γable I - Non	ı-Deriva	tive S	Securiti	es Ac	quired, D	ispo	sed c	f, or B	Benefic	ially Ow	ned					
Date				Date	Month/Day/Year) if any		Execution Date,		Transaction Dispo		urities Acquired (A) or sed Of (D) (Instr. 3, 4 ar			5. Amount Securities Beneficially Following I	For Ity Owned For It Reported Its		irect (I)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount		(A) or (D)	Price	Transaction (Instr. 3 and				(Instr. 4)		
Subordinate Voting Shares 03/2				03/24/2	24/2022		A		600,000(1)		A	\$0.00	1,275,000			D			
	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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)		e and	d 7. Title and Amount Securities Underlyi Derivative Security and 4)		rlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported	s silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)		Date Exercisable		iration	Title		Amount or Number of Shares		Transaction(s) (Instr. 4)				
Stock Option (Right to Buy)	\$1.18 ⁽²⁾	03/24/2022		A		780,000		(3)	03/2	23/2022	2 Subordinate Voting Shares 78		780,000	\$0.00	4,462,500		D		

Explanation of Responses:

- 1. These shares represent restricted stock units ("RSUs"). Each RSU represents a contingent right to receive one subordinate voting share of the Issuer. The RSUs vest in 48 equal monthly installments beginning on April 24, 2022, subject, to the Reporting Person providing continuous service to the Issuer on each such vesting date.
- 2. The option grant has an exercise price of \$1.48 Canadian Dollars. This represents the exercise price in United States Dollars.
- 3. The shares subject to the option vest and become exercisable with 1/48th of the total shares vesting monthly over 48 months from the vesting commencement date, March 24, 2022, subject to the Reporting Person providing continuous service to the Issuer as of each such vesting date.

Remarks:

s/Robert Barrow, Attorney-in-Fact 03/28/2022

** 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.