

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

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations 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 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person * <u>Bay Shore Trust</u> <hr/> (Last) (First) (Middle) 855 N WOLFE STREET SUITE 601 <hr/> (Street) BALTIMORE MD 21205 <hr/> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>MIRA PHARMACEUTICALS, INC. [MIRA]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 11/15/2023	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			

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 and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					
Common Stock Warrant (right to buy)	\$2	11/15/2023		A		700,000		11/15/2023	11/15/2028	Common Stock 700,000	(1)	700,000	I	See Footnote (1)

1. Name and Address of Reporting Person * <u>Bay Shore Trust</u> <hr/> (Last) (First) (Middle) 855 N WOLFE STREET SUITE 601 <hr/> (Street) BALTIMORE MD 21205 <hr/> (City) (State) (Zip)
1. Name and Address of Reporting Person * <u>McNulty Brian Patrick</u> <hr/> (Last) (First) (Middle) 855 N WOLFE STREET SUITE 601 <hr/> (Street) BALTIMORE MD 21205 <hr/> (City) (State) (Zip)

Explanation of Responses:

1. The warrants were issued to MIRALOGX LLC ("MIRALOGX"), a wholly-owned subsidiary of the Bay Shore Trust (the "Trust"), a greater than 10% owner of the Issuer, in connection with an Exclusive License Agreement, dated November 15, 2023, by and between MIRALOGX and the Issuer. The Trust may be deemed to beneficially own the shares held by MIRALOGX but disclaims beneficial ownership except to the extent of its pecuniary interest therein, if any.

/s/ Michelle Yanez, Attorney-in-Fact for Brian McNulty, Trustee 11/17/2023

/s/ Michelle Yanez, Attorney-in-Fact for Brian McNulty 11/17/2023

** 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.