FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

See Footnote(1)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

				1 1100							ompany Act of		1554						
1. Name and Address of Reporting Person* PERCEPTIVE ADVISORS LLC						2. Issuer Name and Ticker or Trading Symbol MeiraGTx Holdings plc [MGTX]									ck all app	_			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 08/12/2024										er (give tit			er (specify
51 AST(OR PLACE	, 10TH FLOOR			4. If	Amend	dment	, Date	of Origi	nal Fil	ed (Month/Da	y/Year)		6. In		Joint/Gro	oup Fili	ng (Ched	ck Applicable
(Street) NEW YORK NY 10003													Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)			Rι	Rule 10b5-1(c) Transaction Indication															
											nsaction was m itions of Rule 10					uction or w	ritten pl	an that is	intended to
		Table	l - N	on-Deriva	ative	Secu	ritie	s Ac	quire	d, Di	sposed of	, or B	enefi	cial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					Execu	. Deemed ecution Date, any onth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)	Acquired (A) or (D) (Instr. 3, 4 and		r ind	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) o (D)	Pric	е	Transact (Instr. 3 a	ion(s)			(11150.4)
Ordinary	Shares			08/12/2	024				P		1,250,000	A	\$	4	12,53	1,103		I	See Footnote
		Та	ble II								posed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Executity or Exercise (Month/Day/Year) if any				Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e Exer ation I h/Day		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		S (I	. Price of perivative security nstr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reported Transact (Instr. 4)	re Owne Form: Direct or Ind (I) (Ins tion(s)		Benefic Owners ct (Instr. 4	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amoun or Numbe of Shares	r					
ı		f Reporting Person																	
(Last) 51 AST(OR PLACE	(First)		/liddle)															
(Street) NEW Y	ORK	NY	1	0003		_													
(City)		(State)	(2	Zip)															
	EPTIVE :	f Reporting Person LIFE SCIENO		MASTE	<u>R</u>														
(Last)	OR PLACE	(First)	•	Middle)															
(Street) NEW Y	ORK	NY	1	0003															
(City)		(State)	(2	Zip)		_													
1	nd Address o	f Reporting Person	*																

(Middle)

(Last)

(First)

51 ASTOR PLACE, 10TH FLOOR

(Street) NEW YORK	NY	10003	
(City)	(State)	(Zip)	

Explanation of Responses:

1. The securities are directly held by Perceptive Life Sciences Master Fund Ltd. (the "Master Fund"). Perceptive Advisors LLC (the "Advisor") serves as the investment manager of Master Fund. Joseph Edelman is the managing member of the Advisor. Each of Mr. Edelman and the Advisor disclaims, for purposes of Section 16 of the Securities Exchange Act of 1934, beneficial ownership of such securities, except to the extent of his/its indirect pecuniary interest therein, and this report shall not be deemed an admission that either Mr. Edelman or the Advisor is the beneficial owner of such securities for purposes of Section 16 or for any other purposes.

/s/ Joseph Edelman - for
Perceptive Advisors LLC, By:
Joseph Edelman, its managing
08/14/2024

member

/s/ Joseph Edelman - for Perceptive Life Sciences Master Fund Ltd., By:

Perceptive Advisors LLC, its 08/14/2024

investment manager, By: Joseph Edelman, its managing member

/s/ Joseph Edelman 08/14/2024

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).