FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

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

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* OLSON BRYAN				_ C	2. Issuer Name and Ticker or Trading Symbol Cannabist Co Holdings Inc. [CBSTF]							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify						
(Last)		irst) BIST COMPANY	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/05/2024								X Officer (give title Officer (specify below) Chief HR Officer						
INC. 680 FIFTH AVENUE, 24TH FLOOR				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
000 FIFTH AVENUE, 24TH FLOOR				_									X Form filed by One Reporting Person Form filed by More than One Reporting						
(Street) NEW YO	ORK N	Y	10019		-	Person													
(City)	(S	tate)	(Zip)			Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a complete affirmative defense conditions of Rule 10b5-1(c). See Instruction 1							ant to a contra						
		Та	ble I - No	n-Dei	rivati	ve Se	ecur	ities Ac	quirec	l, Di	sposed o	of, or Be	neficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,		3. Transaction Code (Instr. 8) Code (Instr. 8) Code (Instr. 8) Code (Instr. 8)			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		. Nature of ndirect Beneficial Ownership Instr. 4)						
							Code	v	Amount	(A) or (D)	Price	Transactio (Instr. 3 an				111501. 4)			
Common Shares 04/05/2)5/202	2024		M		727,27	727,272 A		1,422,425		D					
Common Shares													1,00	00		I I	Held in ndividual Retirement Account		
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)	Derivative Conversion Date Execution Date, Tr Security or Exercise (Month/Day/Year) if any Co		Transa	ansaction Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title an of Securit Underlyin Derivative (Instr. 3 ar		g Security	8. Price of Derivative Security (Instr. 5)	ivative deriva urity Securi		10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)						
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title			(Instr. 4				
Restricted Stock Units	(1)	04/05/2024			M			727,272	(2)		(2)	Common Shares	727,272	\$0	1,090	0,910	D		

Explanation of Responses:

- 1. Each restricted stock unit ("RSU") represents a contingent right to receive one share of the Issuer's common stock.
- 2. 1,818,182 RSUs were granted on August 7, 2023, vesting as follows: 40% on April 5, 2024, and 30% of the total grant on each of April 5, 2025 and April 5, 2026. Settlement of vested RSUs will occur within 60 days of the vesting date.

/s/ David Sirolly as attorney-in-

fact for Bryan Olson

04/08/2024

** 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.