FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

٧.	asimigion,	D.C.	20343	

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours ner resnonse.	0.5						

	Check this box if no longer subject t
١	Section 16. Form 4 or Form 5
J	obligations may continue. See
	Instruction 1(h)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  MILLER TYRONE			<u>e</u>	2. Issuer Name and Ticker or Trading Symbol 60 DEGREES PHARMACEUTICALS, INC.  [ SXTP ]							5. Relationship of Reporting Person(s) to Issue (Check all applicable)  Director 10% Ow  Officer (give title Other (sp					
(Last)	,	First) PHARMACEU	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/12/2023						1 ^	below)	ief Financ	below)		
C/O 60 DEGREES PHARMACEUTICALS, INC. 1025 CONNECTICUT AVENUE NW SUITE 1000				4	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WASHINGTON DC 20036											X	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(:	State)	(Zip)	F	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											
		1	able I - Non-D	Derivat	ive S	Securitie	s Ac	quired, D	isposed	of, or Be	enefic	cially C	Owned			
Date				. Transacti ate Month/Day	Execution Date		Transaction Dispose Code (Instr.			ities Acquired (A) or d Of (D) (Instr. 3, 4 and 5)		5. Amount Securities Beneficiall Owned Fol	y ([	Ownership orm: Direct O) or Indirect ) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	/ Amou	nt (A)	or F	Price	Reported Transactio (Instr. 3 an			(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	Exercise (Month/Day/Year) if any Code (Instr. Acquired (instructive) (Month/Day/Year) 8) Acquired (instrictive) or Dispose		A)	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4)				rlying Derivative		9. Number derivative Securities Beneficially Owned Following Reported	Ownersh Form: Direct (D) or Indirect (I) (Instr.	Beneficial Ownership t (Instr. 4)			
					v	(A)	(D)	Date Exercisable	Expiration Date	Title		unt or ber of es		Transaction (Instr. 4)	i(s)	
Non- Qualified Stock Options (right to buy) <sup>(1)</sup>	\$5.3	07/12/2023		A		240,000 <sup>(2)</sup>		07/12/2023 <sup>(3)</sup>	07/12/202	Gommon Stock	240	,000 <sup>(2)</sup>	\$0	240,000	D	

## Explanation of Responses:

- 1. Non-Qualified Stock Option granted pursuant that certain Employment Agreement, dated January 1, 2023, between the Issuer and the Reporting Person, subject to terms and conditions of the Issuer's 2022 Equity Incentive Plan.
- 2. Vests in 12,000 increments on the last day of each fiscal quarter (March 31st, June 30th, September 30th, December 31st).
- 3. Date indicated is the date of grant.

/s/ Tyrone Miller

07/12/2023

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- $^{**} \ Intentional \ misstatements \ or \ omissions \ of facts \ constitute \ Federal \ Criminal \ Violations \ See \ 18 \ U.S.C. \ 1001 \ and \ 15 \ U.S.C. \ 78ff(a).$

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.