FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| 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).

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* Collard Craig A | | | | | 2. Issuer Name and Ticker or Trading Symbol TerrAscend Corp. [TRSSF] | | | | | | | | | | k all applicab | onship of Reporting Person(s) to all applicable) Director | | | o Issuer 10% Owner |
|--|---|------|---|-------|--|------|--|--------|--|------|-------------------------------|--|---|---|---|--|-----------------------|--|---|
| (Last) | (First) | ` | ddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/27/2022 | | | | | | | | | Officer (g below) | Officer (give title below) | | Other (specify below) | | |
| C/O TERRASCEND CORP. 3610 MAVIS ROAD | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | - 1 | 6. Individual or Joint/Group Filing (Check Applicable Line $f X$ Form filed by One Reporting Person | | | | ŕ | |
| (Street) MISSISSAUGA | A A6 | L5 | C 1W2 | | | | | | | | | | | | Form file | d by More | than O | ne Reportin | g Person |
| (City) | (State) | (Zip | o) | | | | | | | | | | | | | | | | |
| l | | Та | ble I - Nor | n-Der | ivativ | e Se | curitie | s Acqı | uired, l | Disp | osed of, | or E | Benefi | cially Ov | vned | | | | |
| Date | | | | Date | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dis | | | . Securities Acquired (A) or isposed Of (D) (Instr. 3, 4 a | | | Securities Beneficiall Following | i. Amount of Securities Seneficially Owned Following Reported Fransaction(s) | | nership Direct (D) irect (I) 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | (Instr. 3 and 4) | | | | (11341.4) |
| Common Stock 06/2 | | | | | /27/2022 | | | | A | | 36,49 | 6 | A | (1) | 162, | ,948 | | D | |
| Common Stock 06/2 | | | | | /27/2022 | | | | A | | 77,918 | | Α | (2) | 240,866 | | | 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 | | 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 Exercis Expiration Dat (Month/Day/Ye | | e Securitie ear) Derivativ | | le and Ai rities Un rative Se r. 3 and 4 | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| Explanation of Re | snonses. | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | | Amount or Number of Shares | unt (Instr. 4) ber | | | | |

- 1. Represents a grant of an equity award that vested on the same as the grant, June 27, 2022.
- 2. Represents a grant of an equity award that will vest on December 31, 2022.

/s/ Keith Stauffer as Agent and Attorney-in-Fact for Craig Collard

06/29/2022

** 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.