FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
haiina man mananan	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

1. Name and Address of Reporting Person* <u>Lazarus Alon</u>					W	2. Issuer Name and Ticker or Trading Symbol Werewolf Therapeutics, Inc. [ HOWL ]  3. Date of Earliest Transaction (Month/Day/Year)						(Che	eck all applic	able) r	Person(s) to Iss	vner
(Last)	(F	First)	(Middle)				05/24/2024						below)	(give title	Other (s below)	specify
C/O WEREWOLF THERAPEUTICS, INC. 200 TALCOTT AVENUE, 2ND FLOOR				4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(Street) WATERT	TOWN M	1A	02472		В	ulo 1	10h5 :	1(0)	Transac	tion Ind	ication		Form fi Person		han One Repo	ting
(City) (State) (Zip)						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.										
		Tab	le I - Non	ı-Deri	vativ	e Se	curities	s Ac	quired, Di	sposed c	f, or Be	neficiall	y Owned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execu		Date,	3. Transaction Code (Instr. 8)  4. Securities Acquired (ADisposed Of (D) (Instr. 3, 5)			5. Amour Securitie Beneficia Owned F Reported	es For ially (D) Following (I) (	orm: Direct 0) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code V	Amount	(A) or (D) Price		Transact (Instr. 3 a	ion(s)				
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 I if any (Month/Day	Date,	4. Transa Code ( 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( (Instr. 4)	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	Title	Amount or Number of Shares				
Stock Option (right to buy)	\$4.88	05/24/2024			A		17,500		(1)	05/23/2034	Common Stock	17,500	\$0.00	17,500	D	

1. The option was granted on May 24, 2024. The shares underlying the option vest in full on the earlier of the first anniversary of the grant date and the next annual meeting of stockholders following the grant date, subject to the reporting person's continued service as a director

> /s/ Jonathan Owen, Attorneyin-fact

05/24/2024

\*\* Signature of Reporting Person

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.