FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHAN	IGES IN BEN	IEFICIAL O	WNERSHIP

OMB APP	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).

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* Seidel-Dugan Cynthia		<u>V</u>	2. Issuer Name and Ticker or Trading Symbol Werewolf Therapeutics, Inc. [HOWL]					(Che	5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Ow Officer (give title Other (st								
(Last)	,	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024						below) Chief Scientific Officer						
		THERAPEUTIC	· ·	-	If Amo	andmont [Data (of Original Eile	nd (Month/Do	w/Voor)	6 ln/	dividual or la	sint/Croup E	Eiling	(Chook Appl	icable	
200 TAL	COTT AVI	ENUE, 2ND FLO	OOR	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)						
(Ctroot)											Y	Form fil	ed by One I	Repo	rting Person		
(Street) WATER	TOWN M	IA	02472									Form fil Person	ed by More	than	One Report	ing	
(City)	(8	itate)	(Zip)	R	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.							satisfy					
		Та	ble I - Non-D	Derivati	ve Se	curitie	s Ac	quired, D	isposed o	of, or Be	neficially	Owned					
Date			Transaction ate Month/Day/	Execution Date		Code (Instr.			5. Amoun Securities Beneficia Owned For Reported	Form (D) or ollowing (I) (In:		Direct III Indirect E str. 4)	'. Nature of ndirect Beneficial Ownership Instr. 4)				
				Code V Amount (A) or (D)			r Price	Transacti	saction(s) r. 3 and 4)			150.4)					
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)	Derivative Conversion Date Execution Date, Tra Security or Exercise (Month/Day/Year) if any Co		, Transa Code (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 Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		Ownership of li Form: Ber Direct (D) Ow	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	лі(5)			
Stock Option (right to buy)	\$4.64	01/02/2024		A		150,000		(1)	12/31/2033	Common Stock	150,000	\$0.00	150,000	0	D		

Explanation of Responses:

1. The option was granted on January 2, 2024 with a Vesting Commencement Date of January 1, 2024. The shares underlying the option vest in equal monthly installments over four years, commencing on the date that is one month following the Vesting Commencement Date and vesting monthly thereafter through January 1, 2028.

/s/ Jonathan Owen, Attorney-in-01/04/2024 fact

** 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.