FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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

1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol Werewolf Therapeutics, Inc. [HOWL]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
HICKLIN DANIEL J						There were the there is the transfer of the tr								X	Director	-		10% Ow	ner	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024								X	Officer (give title below)			Other (specification)	pecify	
C/O WE	REWOLF		01/02/2024										See Remarks							
200 TALCOTT AVENUE, 2ND FLOOR							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) WATERTOWN MA 02472															X	X Form filed by One Reporting Person  Form filed by More than One Reporting  Person				ing
(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.															satisfy				
		Та	ble I - Nor	n-Deriv	vativ	ve Se	ecurities	s Ac	qui	iired, Di	spos	ed o	f, or I	3en	eficially	Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						Execution Da		Date	Code (Ins						5. Amoun Securities Beneficia Owned Fo	s Form lly (D) o ollowing (I) (Ir		n: Direct li or Indirect E nstr. 4) C	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								_	Code V	Am	Amount (A) o			Price	Transaction(s) (Instr. 3 and 4)				msu. 4)	
			Table II -				urities ls, warr									Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Da if any (Month/Day/	Code (Instr.			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exp	Date Exerc piration Da onth/Day/Y			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		s security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	Code	v	(A)	(D)	Dat Exe	ite ercisable	Expira Date	ation	Title		Amount or Number of Shares		(Instr. 4)	on(s)		
Stock Option (right to buy)	\$4.64	01/02/2024			A		435,000			(1)	12/31/	/2033	Comm Stock		435,000	\$0.00	435,00	00	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.

## Remarks:

President and Chief Executive Officer

/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.

- $^{\star}$  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.