FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasiiiigton,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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

	nd Address o	f Reporting Person [*]			W	erew	olf Th	<u>iera</u>	ker or Trading peutics, In	nc. [HOV	VL]	(Che	eck all applic	cable)	Person(s) to Iss 10% Ov Other (s	vner
(Last)	(1	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/24/2024							below)	(give title	below)	pechy
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	ΓOWN N	ſА	02472		D	ulo 1	10h5 :	1(0)	Transac	ation Ind	ioation		Form fi Person		han One Repo	ting
(City)	()	State)	(Zip)			Chec	k this box	to indi		saction was n	nade pursua			n or written pla	n that is intended	l to
		Tab	le I - Nor	n-Deri	vativ	e Se	curities	s Ac	quired, Di	sposed o	f, or Be	neficiall	y Owned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date		Date,	Code (Instr. 5)			5. Amour Securitie Beneficia Owned F Reported	es Formally (D) (Following (I) (I	orm: Direct 0) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code V	Amount	t (A) or 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)	Date Execution Da	Date,	Code (Instr.		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 ⁽²⁾	

- 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.
- 2. Under the Reporting Person's arrangement with RA Capital Management, L.P. (the "Adviser"), the Reporting Person holds the stock option for the benefit of the RA Capital Healthcare Fund, L.P. (the "Fund") and RA Capital Nexus Fund II, L.P. (the "Nexus Fund II"). The Reporting Person is obligated to turn over to the Adviser any net cash or stock received upon exercise of the stock option, which will offset advisory fees owed by the Fund and the Nexus Fund II to the Adviser. The Reporting Person therefore disclaims beneficial ownership of the stock option and underlying Common Stock.

/s/ Jonathan Owen, Attorney-05/24/2024 in-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.