FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

DSIAIES	SECURII	IE S	AND EXCHANGE	COMMISSIO

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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Instruc	tion 10.																	
Name and Address of Reporting Person* HICKLIN DANIEL J					2. Issuer Name and Ticker or Trading Symbol Werewolf Therapeutics, Inc. [HOWL]								Relationship of Reporting Person(s) to Issuer (Check all applicable)					
HICKI	III DAN	IEL J		-				,		_	•		Directo	r		10% Ow	ner	
4 1)	/5	" D	/A 4" -1 -11 - \	_ F	D-1-		T		U- /D-	0()			Officer below)	(give title		Other (s below)	pecify	
(Last)	,	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/02/2025								See Remarks					
C/O WEREWOLF THERAPEUTICS, INC.				ľ	01/02/2020									500 10	Cimar	a.o		
200 TAL	COTT AVI	ENUE, 2ND FLO	OOR	L														
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WATER	TOWN A	r.A	02472										<u></u>	led by One	Repo	rting Person		
WATEK	IOWN N	ÍΑ	02472											•		One Report	- 1	
(0")			(_									Person					
(City)	(8	state)	(Zip)															
		Та	ble I - Non-D	erivati	ive S	ecuritie	s Ac	quired, E	Disp	osed o	of, or Be	neficial	ly Owned					
1. Title of Security (Instr. 3) 2. Transa					on	2A. Deem	3.	3. 4. Securities Acquired (A) of				5. Amour				7. Nature of		
Date					Day/Year) Execution Date, if any (Month/Day/Year)			Code (Instr.			tr. 3, 4 and	5) Securitie Beneficia		Form: Direct (D) or Indirect		Indirect Beneficial Ownership (Instr. 4)		
				•								Owned F Reported						
								Code	v	Amount	(A) o (D)	r Price	Transact (Instr. 3 a	ion(s)				
														u +/				
			Table II - Dei					uired, Dis s, options					Owned					
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numbe		6. Date Exe			7. Title an		8. Price of	9. Numbe	er of	10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any	Trans	action	Derivative Securities		Expiration Date (Month/Day/Year)			of Securities Underlying		Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3) Price of (Month/Day/Y				ear) Code (Ins		Acquired (A)		Derivative Secu			Security	(Instr. 5)	Beneficially		Direct (D) or Indirect	Ownership		
	Derivative Security					or Disposed of (D) (Instr. 3, 4 and 5)					(Instr. 3 aı	nd 4)		Owned Following		(I) (Instr. 4)	(Instr. 4)	
				<u> </u>									4	Reported Transaction(s)				
												Amount or		(Instr. 4)				
				Code	l _v	(A)	(D)	Date Exercisable		piration te	Title	Number of Shares	,					
Stock				1	÷	15.7	(-)		+									
Option	\$1.56	01/02/2025		A		592,690		(1)	12/	/31/2034	Common	592,690	\$0	592,69	90	D		
(right to buy)											Stock							
Stock				†		 	П		\top				1					
Option	\$1.56	01/02/2025		Α		185,652		01/02/2027	12/	/31/2034	Common Stock	185,652	2 \$0	185,63	52	D		
(right to buy)	l					1					Stock		1					

Explanation of Responses:

1. The option was granted on January 2, 2025 with a Vesting Commencement Date of January 1, 2025. The shares underlying the option vest in equal monthly installments over four years, with the initial vesting to commence on the date that is one month following the Vesting Commencement Date and vesting monthly thereafter through January 1, 2029.

Remarks:

President and Chief Executive Officer

/s/ Jonathan Owen, Attorney-in-01/06/2025

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.