FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

SECONTILS A	AND EXCITAING	
Washington	D.C. 20540	

OMB APPROVAL 37 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number:	3235-0287
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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

IIIStruc	1011 10.																			
Name and Address of Reporting Person* Kadlec Robert Peter					2. Issuer Name and Ticker or Trading Symbol MiNK Therapeutics, Inc. [INKT]									(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>IIIIIII</u>	11000111	<u> </u>												K				10% O	-	
(Last)		3. Date of Earliest Transaction (Month/Day/Year) 10/30/2024										Officer below)	(give title		Other (sbelow)	specify				
C/O MINK THERAPEUTICS INC.						30/2	1024													
149 FIFTH AVE., SUITE 500												-								
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)																iled by One	e Repo	orting Perso	n	
NEW YORK NY 10010															Form filed by More than One Reporting Person					
(City)	(8	State)	(Zip)																	
		Tab	ole I - Nor	1-Deriv	ative	e Se	curities	s Acc	quired,	Dis	posed o	f, or B	enef	ficially	y Owned	l				
Date					2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			A) or , 4 and		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or F	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 12/0:					/2024			Α		12,286		. (\$0.73(2	2) 12	,286		D			
		•	Table II -								osed of, onvertil				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date, T	Code (Inst				6. Date Ex Expiratior (Month/Da	Date	of Securities		curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Ov Fo Olly Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					ode	v	(A)		Date Exercisab		Expiration Date	Title	or Nu of	nount imber iares						
Stock Option	\$0.72	10/30/2024			Α		41,745	П	(1)	1	0/30/2034	Common	41	1,745	\$0	41,74	5	D		

Explanation of Responses:

- 1. The Stock Options were awarded in accordance with the MiNK Therapeutics Inc. 2021 Amended and Restated Equity Incentive Plan on October 30, 2024 and will vest in three equal annual installments on each of October 30, 2025, 2026 and 2027 (provided Dr. Kadlec maintains a service relationship with the company through each such vesting date).
- 2. Dr. Kadlec was granted restricted stock unites ("RSUs"), which represent a contingent right to receive one share of Common Stock for each RSU. The RSUs were received in lieu of cash retainers for board and committee compensation. The RSUs will vest one month from the grant date.

/s/Christine Klaskin, as 12/06/2024 Attorney-in-Fact

** Signature of Reporting Person

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.