FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB API | PROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |

0.5

hours per response:

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

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-

| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 19: or Section 30(h) of the Investment Company Act of 1940 |
|--|---|
| Check this box to indicate that a transaction was made pursuant to a | |

| Name and Address of Reporting Person* Corvese Brian | | | | 2. Issuer Name and Ticker or Trading Symbol MiNK Therapeutics, Inc. [INKT] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | |
|--|---|--|-----------------|--|---|---|--------|--|-----------------------------|---|---|--|--|---|--|----|--|--|--------------------------------------|
| | | | | | | | | | | | 1 | Director | | | 10% Owner | | | | |
| (Last) | (Fi ΓΗ AVENU | rst) (E, SUITE 500 | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/01/2024 | | | | | | | Officer (give title Other (specify below) below) | | | | | | | |
| (Street) NEW YORK NY 10010 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person | | | | | | | | | |
| (City) | (St | ate) (| (Zip) | | Form filed by More than One Reporting Person | | | | | | | | orung | | | | | | |
| | | Table | e I - No | n-Deriva | tive S | Secui | rities | Acq | uired | , Dis | posed of | , or E | Benefi | icially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | | | ties cially I Following | Form (D) o | orm: Direct) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | Code | v | Amount | nt (A) or (D) | | ce | Transa | ted action(s) 3 and 4) | | | (Instr. 4) | | | | |
| Common Stock 12/01/2 | | | | | 2024 | | A | | 24,400 | A | \$0 |).73 ⁽¹⁾ | 426,283 | | | D | | | |
| | | Та | ıble II - | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execut if any | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | mber rative rities ired r osed) : 3, 4 | Expiration D (Month/Day/ | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Der Sed (Ins | Price of rivative derivative security str. 5) Beneficial Owned Following Reported Transactic (Instr. 4) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | | Beneficia Ownersh t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amour or Number of Shares | per | | | | | |

Explanation of Responses:

1. The Reporting Person was granted restricted stock units ("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.

By: /s/ Christine Klaskin, Attorney-in-Fact

12/03/2024

** 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.