SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

3235-OMB Number: 0104

Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person [*] <u>Kadlec Robert Peter</u>			2. Date of E Requiring S (Month/Day 10/30/202	ing Statement n/Day/Year) MiNK Therapeutics, Inc. [INKT]							
	(First) (Middle) K THERAPEUTICS INC.				4. Relationship of Reporting Person(s) to Issuer (Check all applicable)				5. If Amendment, Date of Original Filed (Month/Day/Year)		
149 FIFTH AVE., SUITE 500 (Street)				 Director Officer (give title below) 	10% Owner Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person				
NEW YORK	NY	10010								by More than One Person	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
		Та	ble I - Non	-Derivati	ve Securities Benefic	cially O	wned				
1. Title of Sec	urity (Instr. 4)	Та	ble I - Non		ve Securities Benefic 2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owno Form: D (D) or h (I) (Inst	ership Direct ndirect		ture of Indire ership (Instr. :		
1. Title of Sec	urity (Instr. 4)		Table II - D	Perivative	2. Amount of Securities Beneficially Owned (Instr.	3. Owno Form: I (D) or II (I) (Inst	ership Direct ndirect r. 5)	Own			
	urity (Instr. 4)	(e.g. / (Instr. 4)	Table II - D	Perivative s, warrai cisable and ate	2. Amount of Securities Beneficially Owned (Instr. 4) Securities Beneficia	3. Own Form: I (D) or I (I) (Inst ible sec ecurities	ership Direct ndirect r. 5)	Sion			

Explanation of Responses:

No securities are beneficially owned.

Christine M. Klaskin, by

12/09/2024

Power of Attorney ** 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 5 (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.