FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB AP	PROVAL
OMB Number:	3235-0287
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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).

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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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	Direc	Director		10% O	wner		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 09/03/2024								Office	er (give title v)		Other (: below)	specify			
149 FIFTH AVENUE, SUITE 500																				
, in the second of the second					4. If Amendment, Date of Original Filed (Month/Day/Year)							6 Indi	6. Individual or Joint/Group Filing (Check Applicable							
(Ct== at)					" /	4. II Amendment, Date of Original Filed (Month/Day/fear)								Line)						
(Street)	ODIZ NI	7 1	0010											1	Form	filed by On	e Repo	orting Pers	on	
NEW YO	ORK NY	1	0010											_	Form	filed by Mo	re thar	n One Rep	ortina	
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(City)	(St	ate) (2	Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uirec	l, Dis	posed of	, or E	senet	icially	Own	ed				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Securi Benefi Owned		ties cially I Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount	(A) (D)	Pr Pr	ice		orted saction(s) r. 3 and 4)			(Instr. 4)			
Common Stock 09/03/20					2024				A		21,802	A \$0		0.82(1)	405,296		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
				(e.g., pu	its, ca	alis, v	warra	ants,	optic	ons, c	onvertib	ie se	curiti	ies)						
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			ion Date,		Transaction of Code (Instr. Derivative		rative rities nired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Dei Sed (Ins	Price of rivative curity str. 5)	ative derivative ity Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amou or Numb of Share	er						

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,

09/05/2024

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.