FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPRO	OMB APPROVAL									
OMB Number:	3235-0287									
Estimated average burden										
hours per response:	0.5									

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or	Secti	on 30(h) c	of the I	nvestment (	compan	ıy Act c	of 1940							
1. Name and Address of Reporting Person*  Hofmeister Robert						2. Issuer Name and Ticker or Trading Symbol Alaunos Therapeutics, Inc. [ TCRT ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)    Director 10% Owner					
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/06/2024									(give title		Other (spelow)		
C/O ALAUNOS THERAPEUTICS, INC. 2617 BISSONNET ST, SUITE 225						4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person					
(Street) HOUSTON TX 770005					Form filed by More than One Reporting Person												ting		
(City) (State) (Zip)					R	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tab	ole I - Nor	n-Deriv	vativ	e Se	curities	Acc	uired, D	ispos	ed of	f, or Be	neficial	ly Owned	l				
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date					ear)	2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Dispose Code (Instr. 5)			rities Acquired (A) or ed Of (D) (Instr. 3, 4 ar		Benefici Owned F	es ally Following	Form:	: Direct C Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code V	An	nount	(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
		•	Table II -						ired, Dis					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisable	Expira Date	ation	Title	Amount or Number of Shares						
Employee Stock	\$1.03	06/06/2024			Δ		12 800		(1)	06/05	/2034	Common	12 800	\$0.00	12.80	,	D		

## **Explanation of Responses:**

(right to buy)

1. One-twelfth of the Option vests each month on the monthly anniversary of June 6, 2024, with any amount that remains unvested on the date immediately preceding the Company's 2025 annual general meeting of stockholders vesting thereon.

> /s/ Melinda Lackey, Attorneyin-Fact

06/10/2024

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.