SEC For	rm 4																
FORM 4			UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549											OMB APPROVAL			
Sectio obligat	this box if no n 16. Form 4 tions may cor ction 1(b).		STATEMENT OF CHANGES IN BENEFICIAL OWNER Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									IIP	Estim	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5			
1. Name and Address of Reporting Person [*] <u>Hofmeister Robert</u>					2. Issuer Name and Ticker or Trading Symbol Alaunos Therapeutics, Inc. [TCRT]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 03/30/2023							Officer (give title Other (specify below) below)				
C/O ALAUNOS THERAPEUTICS, INC. 8030 EL RIO ST.					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi Line) X	,					
(Street) HOUSTON TX 77054													Form filed by More than One Reporting Person				
(City)		(State)	(Zip)	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 the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									I to satisfy				
		Ta	able I - No	n-Deriva	ative S	ecurities Acqu	uired,	Dis	posed of,	or Bene	ficially	Owned					
Da			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of			4 and 5) Securities Beneficially Owned Fol		Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price	rice Reported Transaction (Instr. 3 and			(Instr. 4)		
						curities Acqui IIs, warrants, o						wned					
1. Title of	2.	3. Transaction	3A. Deemed	4.	·	5. Number of 6.	Date Ex	ercisa	able and 7.	Title and A	mount	8. Price of	9. Numbe	er of 10.	11. Nature		

1. Title Derivat Securit (Instr. 3	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Employ Stock Option (right to buy)	\$0.66	03/30/2023		A		150,000		(1)	03/29/2033	Common Stock	150,000	\$0.00	150,000	D	
Employ Stock Option (right to buy)	\$0.66	03/30/2023		Α		16,667		(2)	03/29/2033	Common Stock	16,667	\$0.00	16,667	D	

Explanation of Responses:

1. One-thirty sixth of the shares underlying the option vest in equal monthly installments measured from March 30, 2023, with the first vesting occuring on April 30, 2023, subject to the Reporting Person's continued service through each such date.

2. In equal installments on April 30, 2023 and May 30, 2023, subject to the Reporting Person's continued service through each such date.

Remarks:

/s/ Melinda Lackey, Attorneyin-Fact 04/19/2023

** 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.