FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
OMB Number:	3235- 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>CAUTREELS WERNER</u>		2. Date of Event Requiring Statement (Month/Day/Year) 04/01/2024 3. Issuer Name and Ticker or Trading Symbol Traws Pharma, Inc. [TRAW]									
(Last) 12 PENNS (Street) NEWTOW (City)		(Middle) 18940 (Zip)	-		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Own X Officer (give Other (sp title below) below) Chief Executive Officer		Owner 6 (specify	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
	Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. I)	3. Owner Form: I (D) or II (I) (Inst	Direct Ov	Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expiration		2. Date Exerc Expiration Day/N	ate	Underlying Derivative Security (Instr. 4)		4. Conversio or Exercis	Form:	6. Nature of Indirect Beneficial Ownership (Instr.			
			Date	Expiration		Amount or Number of	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)		

Explanation of Responses:

No securities are beneficially owned.

/s/ Werner Cautreels

04/03/2024

** Signature of Reporting

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.