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* Savchuk Nikolay			2. Date of E Requiring S (Month/Day 04/01/202	statement /Year)	3. Issuer Name and Ticker or Trading Symbol Traws Pharma, Inc. [ TRAW ]						
(Last) 12 PENNS (Street) NEWTOW (City)		(Middle)  18940 (Zip)	-		4. Relationship of Replace (Check all applicable)  X Director  X Officer (give title below)  Chief Ope	)	10% Owner Other (specify below)		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 Securition Beneficially Owned (In I)				4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
( ) E		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secul Underlying Derivative Secur (Instr. 4)		curity Conver		on O	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
			Date Exercisable	Expiration Date	n		Amount or Number of Shares	Price of Derivative Security	e or	Pirect (D) r Indirect ) (Instr. 5)	5)

Explanation of Responses:

No securities are beneficially owned.

/s/ Nikolay Savchuk 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.