FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
3235-							
OMB Number:	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* Pauza Charles David		Requiring S (Month/Day	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	(First) TRAIL	(Middle)	, 04/01/2024		Relationship of Reporting Issuer (Check all applicable) Director	g Person(s) to		5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Street) NEWTOW	N PA (State)	18940 (Zip)	-		X Officer (give title below) Chief Science Offi	below)		Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reportin Person Form filed by More than Or Reporting Person		by One Reporting		
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				[2. Amount of Securities Beneficially Owned (Instr. I)			Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
(, F		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securiti Underlying Derivative Security (Instr. 4)		4. Convers or Exerc	sion cise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.			
		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	or Security Number of		Direct (D) or Indirect (I) (Instr. 5)	5)			

Explanation of Responses:

No securities are beneficially owned.

/s/ Charles David Pauza 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.