

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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>ORBIMED ADVISORS LLC</u> _____ (Last) (First) (Middle) 601 LEXINGTON AVENUE, 54TH FLOOR _____ (Street) NEW YORK NY 10022 _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 04/01/2024	3. Issuer Name and Ticker or Trading Symbol <u>Traws Pharma, Inc. [TRAW]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> 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. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	885,532 ⁽¹⁾	I	By OrbiMed Private Investments VIII, LP ⁽²⁾⁽³⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Series C Preferred Stock	(4)	(4)	Common Stock	25,843,663	(4)	I	By OrbiMed Private Investments VIII, LP ⁽²⁾⁽³⁾

1. Name and Address of Reporting Person* <u>ORBIMED ADVISORS LLC</u> _____ (Last) (First) (Middle) 601 LEXINGTON AVENUE, 54TH FLOOR _____ (Street) NEW YORK NY 10022 _____ (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>OrbiMed Capital GP VIII LLC</u> _____ (Last) (First) (Middle) 601 LEXINGTON AVENUE, 54TH FLOOR _____ (Street) NEW YORK NY 10022 _____ (City) (State) (Zip)		
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