| FORM | 14 | UNITED | O STATI | ES S | ECURITIES Washingt | | | | ECC | OMMIS | SION | | | OVAL |
|--|-------------------|---------------------------------|-----------|-------------------|---|---|---------|--|------------|-----------------------|--|-----------------|---|---|
| Check this box if no Section 16. Form 4 obligations may con Instruction 1(b). | or Form 5 | STAT | | oursuan | t to Section 16(a) c tion 30(h) of the Inv | of the Se | curitie | es Exchange A | ct of 193 | | ΗP | OMB I Estima | Number: ated average burd per response: | 3235-028 |
| 1. Name and Address Hoos Axel | of Reporting Pers | on [*] | | | er Name and Ticke 2 THERAPE | | | | ર] | | k all applicabl Director | le) | g Person(s) to I 10% (| Owner |
| TCR2 THERAPEU | | (Middle) | | 3. Date 04/13/ | of Earliest Transac 2020 | ction (M | onth/C | Day/Year) | | | Officer (giv below) | ve title | Other below | (specify) |
| 100 BINNEY STR (Street) CAMBRIDGE | MA | 02142 | [| 4. If Am | nendment, Date of | Original | Filed | (Month/Day/Ye | ear) | 6. Indi Line) X | Form filed | by One | Filing (Check A | son |
| | (State) | (Zip) | | | | | | | | | Form filed Person | by Moi | re than One Rep | oorting |
| | т | able I - Nor | n-Derivat | ive S | ecurities Acqu | uired, | Disp | oosed of, o | r Ben | eficially | Owned | | | |
| 1. Title of Security (Instr. 3) | | 2. Transac Date (Month/Da | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities / Disposed Of (5) | | | 5. Amount o Securities Beneficially Owned Follo | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indired Beneficia Ownersh |
| | | | | | | Code | v | Amount | (A) or | Price | Reported Transaction | | | (Instr. 4) |

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

| (e.g., puts, cans, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|--|-----|---------------------|--|-----------------|---|--|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Example 2015 Big Disposed Securities Big Disposed Big Disposed Securities Big Disposed Securities Big Disposed Securities Big Disposed Securities Big Disposed Big Disposed B | | ate | e and 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) (Instr. 4) | 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 | | | | |
| Stock Option (Right to Buy) | \$10.42 | 04/13/2020 | | A | | 9,596 | | (1) | 04/12/2030 | Common Stock | 9,596 | \$0.00 | 9,596 | D | |

Explanation of Responses:

1. 25% of this option shall vest and become exercisable on April 13, 2021, with the remainder vesting in thirty-six (36) equal monthly installments thereafter.

Remarks:

| <u>/s/ Margaret Siegel As</u> | |
|-------------------------------|--|
| Attorney-In-Fact | |

04/15/2020

3235-0287

7. Nature of Indirect Beneficial Ownership

0.5

** 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.