Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinatan | D C | 20540 | |
|-------------|------|-------|--|
| Nashington, | D.C. | 20049 | |

| TATEMENT | OF (| CHANGES | IN B | ENEFICIAL | OWNERSHIP |
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| OMB APPROVAL | | | | | | | | | |
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| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated avera | ge burden | | | | | | | | |
| houre per reenoi | nee· 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

| Name and Address of Reporting Person* Wong <u>Hing C</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol HCW Biologics Inc. [HCWB] | | | | | | | | (Ch | telationship eck all app X Direc | licable) | ng Per | rson(s) to Is | | |
|--|---|--|---------------------------------|---------------------------------|---|---|---|--|-------------------------|--|---|------------|--|---|---|--|--|---|------------|
| (Last) | (Fir | , | /liddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/20/2024 | | | | | | | |] : | belov | er (give title v) Chief Exec | | Other (s below) | specify |
| 2929 N. | COMMER | CE PARKWAY | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | 1 | | | | | | | | | | X Form | filed by On | e Rep | orting Perso | on |
| MIRAM | AR FL | 3 | 3025 | | | | | | | | | | | | Form Perso | | re tha | in One Repo | orting |
| (City) | (St | ate) (Z | Ľip) | | Rul | e 10 |)b5- | 1(c) | Tran | sac | tion Indi | icati | on | | | | | | |
| | | | | | | | | | | | action was mons of Rule 10 | | | | | uction or writt | ten pla | in that is inter | nded to |
| | | Table | I - No | n-Deriva | tive S | ve Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | |
| Diameter Security (means) | | | 2. Transac Date (Month/Da | Exec ay/Year) if an | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | Disposed 0 | Securities Acquired (A sposed Of (D) (Instr. 3 | | | Securit Benefic Owned | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Transa | action(s) 3 and 4) | | | (Instr. 4) |
| Common | Stock | | | 02/20/2 | 2024 | 024 | | | A ⁽¹⁾ | | 739,288 | 1 | A | \$1.4 | 16,054,156 | | | D | |
| | | Tal | | | | | | | | | osed of, convertib | | | | y Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | Code (Instr. Derivative | | vative irities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | | 3. Price of Derivative Security Instr. 5) | | ly C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |

Explanation of Responses:

1. The reporting person purchased these shares directly from the issuer in a private placement, which transaction is exempt from Section 16(b) in accordance with Rule 16b-3(d) promulgated under the Securities Exchange Act of 1934, as amended.

Remarks:

/s/ Nicole Valdivieso, as Attorney-in-Fact for Hing C. 02/22/2024 Wong

** 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.