FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

(First)

(Last)

(Middle)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average burden					
hours per response.	0.5				

7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

footnote⁽³⁾
(4)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or S	ectio	on 30(h)	of the	Investment C	Company Act	of 1940							
1. Name and Address of Reporting Person* GAP (Bermuda) L.P.					2. Issuer Name and Ticker or Trading Symbol Centessa Pharmaceuticals plc [CNTA]								tionship of Reporting all applicable)		g Per	()		
(Last)	,	,	(Middle)	e) (3. Date of Earliest Transaction (Month/Day/Year) 06/22/2023						21		(give title		Other (below)	
C/O CONYERS CLIENT SERVICES LIMITED, CLARENDON HOUSE, 2 CHURCH STREET				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person						
(Street) HAMILTON D0 HM 11			_	X Form filed by More than One Reporting Person														
(City)	(S	tate)	(Zip)		$ _{\Box}$	Chec	k this box	to inc) Transa dicate that a tra defense cond	nsaction was r	made pursu	ant to a c			on or written	ı plan t	hat is intend	led to
		Tab	le I - Non-	-Deriv	ative	Sec	curities	s Ac	quired, D	isposed c	of, or Be	nefici	ally	Owne				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)			Execution Date		Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 a		and Securities Beneficially Owned Follow		es ally Following	Form: (D) or		7. Nature of Indired Beneficia Ownersh				
							Code	V Amount		or Price		Reporte Transac (Instr. 3	ction(s) 3 and 4)			(Instr. 4)		
		Т							uired, Dis s, options,					wned				
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date, T or Exercise (Month/Day/Year) if any C			ransaction Code (Instr.		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefi Owner (Instr.		
				,	Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares	r					
Share Option (right to buy)	\$6.35	06/22/2023			A		48,000		(1)	06/22/2023	Ordinary Shares ⁽²⁾	48,00	0	\$0	48,000)	I	See footnot (4)
ı	nd Address of Bermuda)	Reporting Person' L.P.																'
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(City)		(State)	(Zip)															
		Reporting Person'																

Street)		
LUXEMBOURG	N4	L-1471
(City)	(State)	(Zip)
L. Name and Address o		
<u>General Atlanti</u>	<u>c GenPar (Lu</u>	<u>ıx) SCSp</u>
(Last)	(First)	(Middle)
412F, ROUTE D'E	SCH	
(04		
(Street) LUXEMBOURG	N4	L-1471
(City)	(State)	(Zip)
1. Name and Address of General Atlanti		
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(Last)	(First)	(Middle)
C/O CONYERS C		•
CLARENDON HO	OUSE, 2 CHURO	CH STREET
(Street)		
HAMILTON	D0	HM 11
(City)	(State)	(Zip)
Name and Address of the control	of Reporting Persor	* 1 [*]
General Atlanti		
(Last) 412F, ROUTE D'E	(First)	(Middle)
412F, KOUTE DE	SCH	
(Street)		
(Street) LUXEMBOURG	N4	L-1471
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(City) 1. Name and Address of General Atlantic (Last)	(State) of Reporting Person c Partners (B (First)	(Zip) n* ermuda) EU, L.P. (Middle)
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(Street) AMSTERDAM	P7	1017 JZ				
(City)	(State)	(Zip)				
1. Name and Address of Reporting Person* General Atlantic UM B.V.						
(Last) PRINSENGRACE	(Middle)					
(Street) AMSTERDAM	P7	1017 JZ				
(City)	(State)	(Zip)				

Explanation of Responses:

- 1. The Ordinary Shares subject to the Share Option will vest in full on the earlier of (i) the first anniversary of the grant date or (ii) the Issuer's next annual meeting of shareholders, subject to Dr. Brett Zbar's continued service as a director of the Issuer through the applicable vesting date.
- 2. The Ordinary Shares may be represented by American Depositary Shares, each of which currently represents one Ordinary Share.
- 3. The Share Option was granted to Dr. Zbar who is an employee of General Atlantic Service Company, L.P., a Delaware limited partnership ("GASC") and director of the Issuer.
- 4. The Share Option granted to Dr. Zbar is held by him solely for the benefit of GASC, which is controlled by the management committee of GASC MGP, LLC (the "Management Committee"). There are eleven members of the Management Committee. Each of the members of the Management Committee disclaims ownership of the shares except to the extent that he has a pecuniary interest therein.

Remarks:

GAP (Bermuda) L.P., General Atlantic GenPar (Bermuda), L.P., General Atlantic (Lux) S.a.r.l., General Atlantic GenPar (Lux) SCSp, General Atlantic Partners (Bermuda) IV, L.P., General Atlantic Partners (Bermuda) EU, L.P., General Atlantic Partners (Lux) SCSp, General Atlantic Partners (Lux) SCSp, General Atlantic Partners (Lux) SCSp, General Atlantic Cooperatief, L.P., General Atlantic Cooperatief U.A. and General Atlantic (UM) B.V. may be deemed to be members of a "group" within the meaning of Rule 13d-5 of the Securities Exchange Act of 1934, as amended. Each reporting person disclaims beneficial ownership of any securities deemed to be owned by the group that are not directly owned by the reporting person. This report shall not be deemed an admission that the reporting persons are a member of a group or the beneficial owner of any securities not directly owned by the reporting person.

/s/ Michael Gosk	06/26/2023
/s/ Michael Gosk	06/26/2023
/s/ Ingrid van der Hoorn	06/26/2023
/s/ Ingrid van der Hoorn	06/26/2023
/s/ Michael Gosk	06/26/2023
/s/ Ingrid van der Hoorn	06/26/2023
/s/ Michael Gosk	06/26/2023
/s/ Michael Gosk	06/26/2023
/s/ Ingrid van der Hoorn	06/26/2023
/s/ Ingrid van der Hoorn	06/26/2023
** Signature of Reporting Person	Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

 $Persons \ who \ respond \ to \ the \ collection \ of \ information \ contained \ in \ this \ form \ are \ not \ required \ to \ respond \ unless \ the \ form \ displays \ a \ currently \ valid \ OMB \ Number.$

^{*} 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).