FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DC	20549	
vasilligion,	D.C.	20343	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average	burden									
hours nor reconnec	. 0.5									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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*     Stuckley Carol				Cer	2. Issuer Name and Ticker or Trading Symbol Centessa Pharmaceuticals plc [ CNTA ]							(Ch	Relationship eck all appli X Directo	,				
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/22/2023								Officer below)	(give title		her (s low)	pecify
C/O CENTESSA PHARMACEUTICALS PLC 3RD FLOOR, 1 ASHLEY RD, ALTRINCHAM				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)													X Form filed by One Reporting Person Form filed by More than One Reporting					
CHESHI	RE X	0	WA14 2D	Г	Du		10h5-	1(c	\ Tranca	cti	on Ind	lication		Persor	1			
(City)	(S	tate)	(Zip)		$ _{\Box}$	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								d to				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,			, Transaction Disposed Of ( Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 ar		Benefici	es   I ally   ( Following   (	6. Ownersh Form: Dire (D) or Indir (I) (Instr. 4)	Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V Amount (A) or (D)				Price	Transac (Instr. 3	tion(s)			msu. 4)				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, 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 D if any (Month/Day	Date,	Transaction of Code (Instr. 8) Se Ac (A) Dis		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		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)	Owner Form Direct or Ind (I) (In	t (D) lirect	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Share Option (right to buy)	\$6.35	06/22/2023			A		48,000		(1)	06	6/22/2033	Ordinary Shares <sup>(2)</sup>	48,000	\$0	48,000	I	)	

## Explanation of Responses:

- 1. The shares subject to such 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 continued service as a director through the applicable vesting date.
- 2. The Ordinary Shares may be represented by American Depositary Shares, each of which currently represents one Ordinary Share.

## Remarks:

/s/ Gregory Weinhoff, attorney-06/23/2023

\*\* 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.