FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 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* HUSSAIN IQBAL J | | | | | | 2. Issuer Name and Ticker or Trading Symbol Centessa Pharmaceuticals plc [CNTA] | | | | | | | | (Chec | k all app Direc | licable) | | rson(s) to Is 10% O Other (| wner |
|--|---|--|---|---|---|---|---|---|--|---|--------------------|---|---------------------------------------|--------------------|---|---|------------------------------------|--|--|
| (Last) (First) (Middle) C/O CENTESSA PHARMACEUTICALS PLC 3RD FL., 1 ASHLEY RD, ALTRINCHAM | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2022 | | | | | | | | | X | below | | | below) | | |
| (Street) CHESHIRE X0 WA14 2 | | | | 4. If A | Line) X Form filed | | | | | | | | | filed by On | Joint/Group Filing (Check Applicable illed by One Reporting Person illed by More than One Reporting | | | | |
| (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Benefic | | | | | | | | | | | | | | rially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | tion | eemed ution Date, :h/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | ired (A) d | or 5. A 4 and Sec Ben | | unt of ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Prio | e | Transa | action(s) 3 and 4) | | | (1130.4) |
| Ordinary Shares ⁽¹⁾ 09/30/2 | | | | | 2022 | 022 | | | F | | 11,445(2) | D | \$4 | 1.25 | 151,555(3)(4) | | | D | |
| Ordinary Shares ⁽¹⁾ | | | | | | | | | | | | | | | 5,500 | | | | By spouse |
| 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 Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Da (Month/Day/Y | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | Der Sed (Ins | Price of rivative curity str. 5) | | Ow For Dire or I (I) (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amoun or Number of Shares | | | | | | |

Explanation of Responses:

- 1. The Ordinary Shares may be represented by American Depositary Shares, each of which currently represents one Ordinary Share.
- 2. Represents the number of shares withheld by the Issuer to cover tax withholding obligations in connection with the vesting of restricted share units.
- 3. Shares held by the Reporting Person after the reported transaction herein and does not include shares acquired or disposed of in subsequent reported transactions after September 30, 2022.
- 4. As of year end December 31, 2022, the Reporting Person held 147,559 shares directly.

Remarks:

/s/ Gregory Weinhoff, 01/13/2023 attorney-in-fact

** 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.