SEC Form 4											
FORM 4 Check this box if no longer subject Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	FEMENT	S SECURITIE: Washing OF CHANGE: rsuant to Section 16(a)	iton, D.C. 2054		OMB APPROVAL						
1. Name and Address of Reporting ZBAR BRETT I W (Last) (First)	2. 3.	r Section 30(h) of the Ir Issuer Name and Ticke <u>entessa Pharma</u> Date of Earliest Transa 5/22/2023	er or Trading S <u>p</u> ceuticals p	ymbol <u>lc</u> [CNTA]	5. Relat (Check X	ssuer Dwner (specify)					
C/O CENTESSA PHARMAC 3RD FLOOR, 1 ASHLEY RE (Street) CHESHIRE X0	M 4.	If Amendment, Date of	Original Filed	(Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State)	WA14 2D (Zip)		ule 10b5-1(c) Check this box to indica satisfy the affirmative d	ate that a transa	contract, instruction or written plan that is intended to uction 10.						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			2A. Deemed Execution Date,	3. Transaction	4. Securities Acquired (A Disposed Of (D) (Instr. 3,	4 and	5. Amount of Securities Beneficially	6. Ownership Form: Direct	7. Nature of Indirect		

				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)	
L		,	(Month/Day/Year)	8)					Owned Following Reported	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	L
L		(Month/Day/Year)	y/Year) if any		nstr.	5)			Beneficially			L
н	, , , ,	Date	Execution Date,	Transaction		Disposed Of	(D) (Instr	. 3, 4 and	Securities	Form: Direct	of Indirect	
113	1. Title of Security (Instr. 3)	2. Transaction	2A. Deemed	3.		4. Securities	Acquired	(A) or	5. Amount of	6. Ownership	7. Nature	

 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. Transac Code (Ir 8)		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)	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				
Share Option (right to buy)	\$6.35	06/22/2023		A		48,000		(1)	06/22/2033	Ordinary Shares ⁽²⁾	48,000	\$0	48,000	D ⁽³⁾	

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.

3. The Share Option granted to Dr. Zbar is held by him solely for the benefit of General Atlantic Service Company, L.P. Dr. Zbar disclaims beneficial ownership of the Share Options and the underlying Ordinary Shares, except to the extent of his pecuniary interest therein, if any.

Remarks:

<u>/s/ Gregory Weinhoff, attorney-</u> 06/23/2023

<u>in-fact</u>

** 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.