FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSH	ΙIΡ
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OMB APPROVAL									
OMB Number:	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

1. Name and Address of Reporting Person* Anderson Karen M.					2. Issuer Name and Ticker or Trading Symbol Centessa Pharmaceuticals plc [CNTA]								(Che	elationship of ck all applica Director	able)	g Pers	on(s) to Issi 10% Ov Other (s	vner		
(Last) C/O CEN	•	irst)	(Middle)	<u>.</u>		3. Date of Earliest Transaction (Month/Day/Year) 02/01/2024									below)	•	e Otne belov People Officer		вреспу	
3RD FL., 1 ASHLEY RD, ALTRINCHAM				4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street) CHESHI	RE X	0	WA14 2D	Γ											_	One Repor				
(City)	(S	state)	(Zip)		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.											to satisfy								
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date				2. Transa Date (Month/D		ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.								Form (D) or	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		A) or D)	Price	Transacti (Instr. 3 a	ion(s)			(111501.4)	
Ordinary Shares ⁽¹⁾				02/01	01/2024				Α		31,250)(2)	A	\$0	84,950		D			
Ordinary Shares ⁽¹⁾			02/01	02/01/2024				F		7,265(3)		D	\$8.19	77,685		D				
			Table II -								osed of, onvertil				Owned					
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	ate, Tra	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration (Month/Da	Date	e of Securities		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e O s Fe ally D or g (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Co	ode	v	(A)		Date Exercisabl		expiration Date	Title	O N	mount r umber f Shares		(Instr. 4)	on(a)			
Share Option (right to buy)	\$8.01	02/01/2024		A			125,000		(4)	0	2/01/2034	Ordinary Shares ⁽¹⁾ 125		25,000	\$0	125,000		D		
Explanation	n of Respons	ses:																		

- 1. The Ordinary Shares may be represented by American Depositary Shares, each of which currently represents one Ordinary Share.
- 2. The shares reported in this transaction represent Restricted Share Units ("RSUs") issued under the Centessa Pharmaceuticals plc Amended and Restated 2021 Stock Option and Incentive Plan. Each RSU represents the contingent right to receive one Ordinary Share of the Issuer. The RSUs shall vest and be settled in four equal annual installments with the first such annual vesting being on February 1, 2025.
- 3. Represents the number of shares withheld by the Issuer to cover tax withholding obligations in connection with the vesting of RSUs.
- 4. 1/48th of the shares subject to such option shall vest and become exercisable in equal monthly installments with the first installment vesting on March 1, 2024.

Remarks:

/s/ Gregory Weinhoff, attorney-02/02/2024 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.