SEC Form 4									
FORM 4	UNITED STAT	TES SECURITIES AND EXCHANGE CON Washington, D.C. 20549	OMB APPROVAL						
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	-	T OF CHANGES IN BENEFICIAL OWNE d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940	ERSHIP	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5					
1. Name and Address of Reporting Person [*] ZBAR BRETT I W		2. Issuer Name and Ticker or Trading Symbol Centessa Pharmaceuticals plc [CNTA]	5. Relationship of R (Check all applicabl	Reporting Person(s) to Issuer ble) 10% Owner					
(Last) (First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/25/2024	Officer (giv below)		ther (specify elow)				
C/O CENTESSA PHARMACEU 3RD FLOOR, 1 ASHLEY RD, AI		4. If Amendment, Date of Original Filed (Month/Day/Year)	Line)	, ,					
(Street) CHESHIRE X0	WA14 2DT		Form filed Person	by More than One	Reporting				
		Rule 10b5-1(c) Transaction Indication							
(City) (State)	(Zip)	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.							
T;	able I - Non-Deriva	ative Securities Acquired, Disposed of, or Benefi	cially Owned						

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	if any	Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	 Reported Transaction(s) (Instr. 3 and 4) 		(Instr. 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 Date, if any (Month/Day/Year)	4. Transa Code (8)				6. Date Exerc Expiration Da (Month/Day/)	ate	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)	\$8.89	06/25/2024		A		48,000		(1)	06/25/2034	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> <u>in-fact</u> <u>06/27/2024</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.