Instruction 1(b)

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject	STA
to Section 16. Form 4 or Form 5	
obligations may continue. See	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol Centessa Pharmaceuticals plc [ CNTA ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
SAHA SAURABH					1	Semessa I harmaceateans pie									X	Direc	tor	10% Owner		wner		
(Last)	(Fir	st) (N	Middle	e)	3. Da	Date of Earliest Transaction (Month/Day/Year)										Office belov	er (give title v)		Other (: below)	specify		
C/O CENTESSA PHARMACEUTICALS PLC						11/16/2021										Chief Executive Officer						
3RD FL., 1 ASHLEY RD, ALTRINCHAM																						
					4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street)						Line)																
CHESHI	RE X0	V	<b>VA</b> 14	12DT											X		rm filed by One Reporting Person					
-																Form filed by More than One Reportir Person						
(City)	(Sta	ate) (Z	Zip)																			
		Table	I - N	lon-Deriva	tive S	Secui	rities	Ac	quir	ed, D	isp	osed o	f, or I	3enefic	cially	Own	ed					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yes					Execution Date,		n Date, Tra		Transaction Disposed Of (D) Code (Instr.				d 5) Secur Benef Owne		icially d Following	Form (D) o Indir	n: Direct or ect (I)	7. Nature of Indirect Beneficial Ownership				
							[	Code	v	Amo	ount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)			
Ordinary Shares <sup>(1)</sup> 11/16/2021					1			P		23	3,000	A	A \$12.2814 <sup>(2)</sup>		23,000				By trust <sup>(3)</sup>			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned															<u> </u>							
				(e.g., pu	ıts, ca	alls, v	varra	ınts	, op	tions	, co	nvertil	ble se	curitie	s)							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if an	Deemed cution Date, y nth/Day/Year)		Transaction of Code (Instr. Derivation				oiration	xercisable and n Date and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		unt of rities erlying rative rity (Instr. 1 4)	Deri Sec (Ins	rice of ivative urity tr. 5)	ative derivative ity Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Dat Exe	e ercisabl		Expiration Date	Title	Amount 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. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$11.95 to \$12.59, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range.
- 3. These shares are held directly in a trust, for which the reporting person and his spouse serve as trustees.

## Remarks:

/s/ Marella Thorell, attorney-

in-fact

11/18/2021

\*\* 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.