FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 |
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| Check this box if no longer subject | |
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| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 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* Bush Tia L | | | | | 2. Issuer Name and Ticker or Trading Symbol Centessa Pharmaceuticals plc [CNTA] | | | | | | | | | | all app Direc | licable) tor | ng Person(s) to Is | | wner |
|---|---|--|---------|--|---|--|---------|--|-----------|--|---|------------|--|-----------|--|--|--|-------------------------------|------------|
| (Last) | (Fii NTESSA PI | rst) (M | Middle) | PLC | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2023 | | | | | | | | | X | belov | er (give title v) Chief Qua | | Other (s below) Officer | specify |
| 3RD FL., 1 ASHLEY RD, ALTRINCHAM | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) CHESHIRE X0 WA14 2DT | | | | | | | | | | | | | | X | | filed by On filed by Mo on | | Ü | |
| (City) | (St | ate) (Z | Zip) | | $ _{\Box}$ | Check t | his box | to indic | cate that | a trans | tion Indi action was mons of Rule 10 | ade purs | uant to a | | | uction or writ | ten pla | n that is inte | nded to |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or B | enefic | ially | Own | ed | | | |
| · · · · · · · · · · · · D | | Date Exec (Month/Day/Year) if an | | 2A. Deemed Execution Date, f any (Month/Day/Year) | | 3. 4. Securitie Disposed Code (Instr. 8) | | | | | , 4 and Secu Bend Own | | Amount of curities neficially vned Following | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | Price | • | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Ordinary Shares ⁽¹⁾ | | | 12/31/2 | 1/2023 | | | | F | | 6,419(2) | 2) D S | | .96 | 5 137,845 | | | D | | |
| | | Tal | | | | | | | | | osed of, o | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | Code (8) | ransaction of ode (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amount of Manual Amount of Number 1 and 1 | | Der Sec | 3. Price of Derivative Security Security Senstr. 5) Sensification of the security Securities Securi | | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

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.

Remarks:

/s/ Gregory Weinhoff, attorney-in-fact

01/02/2024

** Signature of Reporting Person

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.