FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* SAHA SAURABH						2. Issuer Name and Ticker or Trading Symbol Centessa Pharmaceuticals plc [CNTA]									5. Relationship of Reporting Person(s) to Is (Check all applicable) Director 10% Officer (give title Other (wner
(Last) (First) (Middle) C/O CENTESSA PHARMACEUTICALS PI 3RD FL., 1 ASHLEY RD, ALTRINCHAM				C		3. Date of Earliest Transaction (Month/Day/Year) 11/25/2024									Officer (give title Other (specify below) Chief Executive Officer				
(Street) CHESHI (City)	CHESHIRE X0 WA14 2E			DΤ	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									5. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - Nor	n-Deriv	ative	Sec	curiti	es Ac	quire	l, Di	sposed	of, o	r Be	neficia	lly Ow	ned			
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		Execution Date,			Cod	Transaction Code (Instr.					d Sec Ben Owi	mount of urities eficially ed Followir	For (D)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
									Cod	v	Amount		(A) or (D)		Trai	orted saction(s) r. 3 and 4)			(Instr. 4)
Ordinary Shares ⁽¹⁾				11/25/2024					М		299	A		\$5.8	4	575,960		D	
Ordinary Shares ⁽¹⁾				11/25/2024					S ⁽²⁾		299	D		\$18.2	23	3 575,661		D	
Ordinary Shares ⁽¹⁾																38,000		I	By trust ⁽³⁾
		Т	able II -								oosed o convert				y Own	ed	•		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transacti Code (Ins				6. Date Expirat (Month	on Da		Amo Secu Unde Deriv	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price Derivat Securit (Instr. 5	ve deriva Securi Benefi Owned Follow Repor	tive ties cially d ring ted action(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title		Amount or Number of Shares					
Share Option (right to buy)	\$5.84	11/25/2024			M			299	(4)		02/19/2031	Ordi Shar		299	\$0	3,95	6,981	D	

Explanation of Responses:

- 1. The Ordinary Shares may be represented by American Depositary Shares, each of which currently represents one Ordinary Share.
- 2. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on May 16, 2024.
- 3. These shares are held directly in a trust, for which the Reporting Person and his spouse serve as trustees.
- 4. 25% of the shares subject to such option shall vest and become exercisable on February 19, 2022 and the remaining 75% of the shares subject to such option shall vest and become exercisable in 36 monthly installments on the first day of each month thereafter.

Remarks:

/s/ Gregory Weinhoff, attorneyin-fact

** Signature of Reporting Person

11/27/2024

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.