#### FORM 4

### **UNITED STATES SECU**

Washington, D.C. 20549

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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

Name and Address of Reporting Person*  EASTLAND JULIA MARIE					2. Issuer Name and Ticker or Trading Symbol Zentalis Pharmaceuticals, Inc. [ ZNTL ]						(Chec	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
EASTLAND JULIA MARIE				- [	[ Bittle ]							7	_			10% Owi		
														Officer (give title below)			ecify	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)							below) below) CEO & President						
C/O ZENTALIS PHARMACEUTICALS, INC.					12/02/2024							CEO & Freshold						
10275 SCIENCE CENTER DRIVE, SUITE 200																		
(Street)					If Amendment, Date of Original Filed (Month/Day/Year)						6. Ind	vidual or Joi	nt/Group F	Filing (	Check Applic	cable Line)		
SAN DII	EGO C	<sup>2</sup> A	92121					· ·		•		V	Individual or Joint/Group Filing (Check Applicable Line)      Form filed by One Reporting Person					
				— [									Form file	d by More	than (	One Reportir	ng Person	
(City)	(8	State)	(Zip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				ate	action 2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction Disposed Of Code (Instr.		es Acquired (A) or Of (D) (Instr. 3, 4 and 5)		5. Amount Securities Beneficiall Owned Fo	y	Form:	Direct Ir Indirect B tr. 4)	. Nature of ndirect seneficial ownership			
							Code	/ Amoi	nt	(A) or (D)		Reported Transactio (Instr. 3 an			"	nstr. 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)	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Sec	7. Title and Amount Securities Underlyin Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	ate Expiration Amount or Number of (Instr. 4)									
Stock Option (Right to Buy)	\$3.66	12/02/2024		A		3,028,800		(1)	12/02/20		ommon Stock	3,028,800	\$0	3,028,8	300	D		

### **Explanation of Responses:**

1. The options will vest over a four-year period following the vesting commencement date of November 13, 2024, in substantially equal monthly installments until the options are fully vested, subject to the Reporting Person's continued service with the Issuer.

## Remarks:

/s/ Andrea Paul, attorney-in-fact for Julia Marie Eastland

12/03/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.