SEC Form 4 FOI	RM 4	UNITED) STAT	ES S	ECURITIES				SE CC	OMMIS	SION			
					Washingt	on, D.C	. 2054	19		OMB APPROVAL				
Check this box Section 16. For obligations may Instruction 1(b)	y continue. See	₀ STAT		oursuan	t to Section 16(a) c tion 30(h) of the Inv	of the Se	ecuritie	es Exchange A	Act of 193			MB Number: stimated average burc ours per response:	3235-0287 len 0.5	
1. Name and Address of Reporting Person [*] Gallagher Cam				2. Issuer Name and Ticker or Trading Symbol <u>Zentalis Pharmaceuticals, Inc.</u> [ZNTL]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify			
	(First) S PHARMACE	· · · · · · · · · · · · · · · · · · ·		3. Date of Earliest Transaction (Month/Day/Year) 02/11/2021								itle Other below	(specify)	
530 SEVENTH AVENUE, SUITE 2201					nendment, Date of 0	Original	Filed	(Month/Day/Ye		6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) NEW YORK									Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)												
		Table I - Nor	n-Derivat	ive S	ecurities Acqu	uired,	Disp	posed of, o	or Bene	ficially	Owned			
Date					2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Followir Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock			02/11/2	021		Α		8,750(1)	Α	\$ <mark>0</mark>	568,942	D		
Common Stock			02/11/2	021		A		5,000(2)	A	\$ <mark>0</mark>	573,942	D		

_	(-3),									
(e.g., puts, calls, warrants, options, convertible securities)										
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned									

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 (ransaction of ode (Instr. Derivative		6. Date Exerc Expiration Da (Month/Day/Y	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				
Stock Option (Right to Buy)	\$38.76	02/11/2021		A		26,250		(3)	02/10/2031	Common Stock	26,250	\$0	26,250	D	
Stock Option (Right to Buy)	\$38.76	02/11/2021		A		15,000		(4)	02/10/2031	Common Stock	15,000	\$0	15,000	D	

Explanation of Responses:

Represents restricted stock units, each of which represent a contingent right to receive one share of common stock, and which will vest in substantially equal annual installments over a four year period following the grant date.

2. Represents restricted stock units, each of which represent a contingent right to receive one share of common stock, and which will vest in full on the first anniversary of the grant date.

3. The option vests and becomes exercisable in 48 substantially equal monthly installments following the grant date.

4. The option vests and becomes exercisable in 12 substantially equal monthly installments following the grant date.

Remarks:

By: /s/ Melissa B. Epperly, Attorney-in-Fact for Cam S. Gallagher

02/16/2021

** 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.