FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 3235-0104 OMB Number: Estimated average burden

0.5

hours per response:

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

		riiet				e Investment Company Act			1904				
1. Name and Address of Reporting Person* Matrix Capital Management Company, LP			2. Date of Event Requiring Statement (Month/Day/Year) 05/18/2022			3. Issuer Name and Ticker or Trading Symbol Zentalis Pharmaceuticals, Inc. [ZNTL]							
(Last) (First) (Middle))	-			Relationship of Reporting Person(s) to Issuer (Check all applicable)				5. If Amendment, Date of Original Filed (Month/Day/Year)			
1000 WINTER STREET			-			Director Officer (give title below)	X	10% Owner Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person			
(Street) WALTHAM MA 02451			-								X Form filed by More than One Reporting Person		
(City) (Sta	ate) (Zip)												
Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)						Beneficially Owned (Instr. F		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock, par value \$0.001 per share						9,199,973		I	I See		See footnotes ⁽¹⁾⁽²⁾		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)			3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)			4. Conver or Exer Price o	cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficia Ownership (Instr. 5)	
		Da: Exc	ite ercisable	Expiration Date	on	Title	or Nu of	umber	Derivat Securit	ive	or Indirect (I) (Instr. 5)	3)	
1. Name and Address of Reporting Person* Matrix Capital Management Company, LP													
(Last) 1000 WINTER	(Last) (First) (Middle) 1000 WINTER STREET												
(Street) WALTHAM MA 024		02451											
(City)	(State)	(Zip)											
1. Name and Address of Reporting Person* GOEL DAVID E.													
(Last) (First) (Middle) 1000 WINTER STREET, SUITE 4500 1000 WINTER STREET, SUITE 4500													
(Street) WALTHAM	MA	02451											

Explanation of Responses:

(State)

(Zip)

(City)

Manager"), a Delaware limited partnership, is the investment advisor to the Matrix Fund. Mr. David E. Goel ("Mr. Goel", and together with the Investment Manager, the "Reporting Persons"), serves as the Managing General Partner of the Investment Manager.

2. The filing of this statement shall not be deemed an admission that either of the Reporting Persons is the beneficial owner of the securities reported herein for purposes of Section 16 of the Securities Act of 1934, as amended, or otherwise. Each of the Reporting Persons expressly disclaims beneficial ownership of the securities reported herein except to the extent of its or his pecuniary interest therein.

Management Company,

LP, by: /s/ David E. Goel, 05/31/2022

its Managing General

Partner

/s/ David E. Goel 05/31/2022

** Signature of Reporting 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 5 (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.