FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person					2.	2. Issuer Name and Ticker or Trading Symbol Zentalis Pharmaceuticals, Inc. [ZNTL]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Blackw	ell Kiml	<u>berly</u>			1	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>1115 I IIu</u>	innac	Jouriou	<u>, 10, 1</u>		•1L	1	X	Director	-		10% Ov	vner	
(Last)	(-irst)	(Middle)				of Earliest	Trans	action (M	lonth/	Day/Year)			X	Officer below)	(give title		Other (s below)	pecify	
C/O ZENTALIS PHARMACEUTICALS, INC.							02/01/2024								Cł	nief Exec	utive	Officer		
1359 BROADWAY, SUITE 801					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc	6. Individual or Joint/Group Filing (Check Applicable					
					-										X Form filed by One Reporting Person					
(Street) NEW Y	ORK N	ĮΥ	10018											Form filed by More than One Reporting Person				ting		
(City)	(;	State)	(Zip)		F	Rule 10b5-1(c) Transaction Indication														
									icate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy se conditions of Rule 10b5-1(c). See Instruction 10.											
		Та	ble I - No	on-De	rivati	ve S	ecuritie	s Ac	quired	, Dis	sposed o	of, o	or Ben	eficially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				nsaction h/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)						5. Amour Securitie Beneficia Owned F	s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount		(A) or (D)	Price	Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)		
Common Stock 02/01/				01/202	/2024		Α		250,000 ⁽¹⁾		A	\$ <u>0</u>	504,800		D					
Common Stock 02/01/					01/202	24			F ⁽²⁾		20,655		D	\$11.69	484,145			D		
			Table II ·								osed of converti				Owned			· · · ·		
Derivative C Security c (Instr. 3) F	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date,	4. Transa Code (8)		Derivative		6. Date Exerci Expiration Dat (Month/Day/Ye		е	7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivativ Securitie Beneficia Owned Followin Reported	ve es ally Ig d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v			Date Exercisa		Expiration Date	0		Amount or Jumber of Shares		Transact (Instr. 4)				

Option (Right to \$11.<mark>6</mark>9 Buy) Explanation of Responses:

02/01/2024

Stock

1. 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, subject to the Reporting Person's continued service with the Issuer.

(3)

2. Shares automatically withheld to satisfy tax obligations upon the vesting of restricted stock units previously granted to the Reporting Person.

3. The options will vest over four years in equal monthly installments until the options are fully vested, subject to the Reporting Person's continued service with the Issuer. Remarks:

A

250,000

By: /s/ Melissa B. Epperly,

250,000

01/31/2034

Commor Stock

02/05/2024 Attorney-in-Fact for Kimberly Blackwell

\$<mark>0</mark>

250,000

D

** 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.