SEC For	m 4																				
FORM 4 UNITED S					TATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549													OMB APPROVAL			
Section 16. Form 4 or Form 5 obligations may continue. See						NT OF CHANGES IN BENEFICIAL OWNERSHIP													OMB Number: 3235-0287 Estimated average burden hours per response: 0.5		
Instruc	tion 1(b).			Fil								es Exchan Ipany Act			934						
1. Name and Address of Reporting Person [*] Blackwell Kimberly						2. Issuer Name and Ticker or Trading Symbol Zentalis Pharmaceuticals, Inc. [ZNTL]										Relationship (leck all applic X Directo	able)	ng Pers	ier ner		
(Last) C/O ZEN	(Last) (First) (Middle) C/O ZENTALIS PHARMACEUTICALS, INC				_	3. Date of Earliest Transaction (Month/Day/Year) 06/04/2021										Officer below)	(give title	ve title Other (specify below)			
530 SEVENTH AVENUE, SUITE 2201						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable				licable	
(Street) NEW YO	(Street) NEW YORK NY 10018				_	Fa											orm filed by One Reporting Person orm filed by More than One Reporting erson				
(City)	(S	tate)	(Zip)																		
		Tab	le I - Noi	n-Deri	vativ	e Se	curities	s Ac	quire	ed, Di	isp	osed o	of, o	r Ber	neficial	ly Owned					
1. Title of Security (Instr. 3) Date (Month/D						ear)	Execution if any	A. Deemed xecution Date, any Month/Day/Year		Code (Instr.		. 5)				5. Amour Securitie Beneficia Owned F Reported	s Forn Ily (D) c ollowing (I) (I		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Co	ode V	'	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				<i>.</i>	
Common Stock 06/04					4/202	/2021			Α			5,000 ⁽¹⁾ A		Α	\$ <mark>0</mark>	5,000		D			
		-	Fable II -							,		osed of, onvertil				Owned					
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/Day	d Date,	4. Transa Code (8)	action	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Year			able and 7. Title a of Secur r) Underlyi		itle and Securiti Ierlying ivative	d Amount es J Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exerc	cisable		Expiration Date	Title	e	Amount or Number of Shares						
Stock Option (Right to Buy)	\$52.25	06/04/2021			A		15,000		((2)		6/03/2031	Common Stock 15,0		15,000	\$0	5 0 15,000		D		

Explanation of Responses:

1. Represents restricted stock units, each of which represent a contingent right to receive one share of common stock, and which will vest on the first to occur of (a) June 4, 2022 or (b) the next occurring annual meeting of the Company's stockholders, subject to the Reporting Person's continued service on the Board of Directors through such vesting date.

2. The option vests and become exercisable in substantially equal monthly installments over the twelve (12) months following the date of grant, subject to the Reporting Person's continued service on the Board of Directors through each such vesting date.

Remarks:

<u>By: /s/ Melissa B. Epperly,</u> <u>Attorney-in-Fact for Kimberly</u> 06/08/2021 <u>Blackwell</u>

** 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.