FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
vvasi ii iytori,	D.C.	20349

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

							011 00(11) 0	or tine	mvestmen		ilpaily Act	0. 20 .0									
Name and Address of Reporting Person* Lehnson David Michael						2. Issuer Name and Ticker or Trading Symbol Zentalis Pharmaceuticals , Inc. [ZNTL]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Johnson David Michael</u>															C Director	r		10% Ov	vner		
(Last) (First) (Middle) C/O ZENTALIS PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 06/04/2021									Officer below)	(give title		Other (s below)	specify		
·																					
530 SEVENTH AVENUE, SUITE 2201						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)													Line) X Form filed by One Reporting Person								
NEW YO	ORK N	Y	10018												Form fi	Form filed by One Reporting Person Form filed by More than One Reporti Person					
(City)	(S	itate)	(Zip)			Pelsul															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securit Disposed 5)					5. Amour Securitie Beneficia Owned F	es For ally (D) Following (I) (: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	nt (A) or (D)		Price	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)			
Common Stock 06/04				/2021			A		5,000 ⁽¹⁾ A		\$ <mark>0</mark>	93,855			D						
	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 D if any (Month/Day/	Date, T	4. Transactic Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
				C	Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	or Nu of	umber							
Stock Option (Right to Buy)	\$52.25	06/04/2021			A		15,000		(2)	0	6/03/2031	Commo Stock	n 15	5,000	\$0	15,00	0	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:

By: /s/ Melissa B. Epperly, Attorney-in-Fact for David M. 06/08/2021 Johnson

** 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.