FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPROVAL									
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l	OMB Number:	3235-0287								
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l	hours per response	: 0.5								

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Johnson David Michael</u>					2. Issuer Name and Ticker or Trading Symbol Zentalis Pharmaceuticals, Inc. [ZNTL]									(Ch	eck all ap	ationship of Reporting Person(s call applicable) Director 10			s) to Issuer % Owner	
(Last)	t) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/16/2023										Offic below	er (give title v)		Other (sbelow)	specify	
C/O ZENTALIS PHARMACEUTICALS, INC. 1359 BROADWAY, SUITE 801					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street)	treet) IEW YORK NY 10018														Form filed by More than One Reporting Person					
(City)	(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - No	n-Deriva	tive S	ecui	rities	Acq	uired,	Dis	posed of	, or	Ben	eficia	lly Ow	ned				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				//Year)	Deemed cution Date, y nth/Day/Year)				ies Acquired (A Of (D) (Instr. 3,			d Secur Benef Owner	cially d ving	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	()	A) or D)	Price		rted action(s) 3 and 4)				
Common Stock 06/16/20						2023			A		19,059 ⁽⁾	(1) A \$		\$ <mark>0</mark>	127,389		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)	vative Conversion Date urity or Exercise (Month/Day/Year) Execution Date, if any			4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative irities ired ir osed) r. 3, 4	Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		ן ניין ניין	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y [1]	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	or Nun of	ount nber res						

Explanation of Responses:

1. Represents restricted stock units granted pursuant to the Issuer's Non-Employee Director Compensation Program, each of which represents a contingent right to receive one share of common stock, and which will vest on the first to occur of (a) June 16, 2024 or (b) the next occurring annual meeting of the Issuer's stockholders, subject to the Reporting Person's continued service on the Issuer's Board of Directors through such vesting date.

Remarks:

/s/ Melissa B. Epperly, Attorney-in-Fact for David

06/16/2023

M. 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.