FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

	Check this box if no longer subject
	to Section 16. Form 4 or Form 5
$\cup$	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		,				iipaiiy Act c			_							
Name and Address of Reporting Person*     WIRTH PETER						2. Issuer Name <b>and</b> Ticker or Trading Symbol Zai Lab Ltd [ ZLAB ]								(Ct	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
WINTITIEIEK						_: ,								_	XΙ	Direct	ctor		10% Ov	vner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/29/2023											Office below	r (give title )		Other (s	specify	
C/O ZAI	4 If Ar	4. If Amandment, Date of Original Filed (Month/Day/Mass)									6. Individual or Joint/Group Filing (Check Applicable										
314 MAIN STREET, 4TH FLOOR, SUITE 100						4. If Amendment, Date of Original Filed (Month/Day/Year)								Lin	Line)						
,					1										X Form filed by One Reporting Person						
(Street) CAMBRIDGE MA 02142														Form filed by More than One Reporting Person							
				Rule	Rule 10b5-1(c) Transaction Indication																
(O:t-)	(0)	·-+-\	7:>		' \aic	, 10	000	±(c)	man	Juc	tion ind	iica	lliOii								
(City) (State) (Zip)					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.													ended to			
		Table	I - No	n-Deriva	tive S	ecui	rities	Acq	uired,	Dis	posed of	f, or	Ber	neficia	ally (	Own	ed				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day					Execution			Oate,	3. Transaction Code (Instr. 8) 4. Securiti Disposed 5)		ies Acquired (A Of (D) (Instr. 3,		d (A) or r. 3, 4 aı	, 4 and Sec Bei Ow Fol		. Amount of Securities Seneficially Owned Sollowing		: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A (E	A) or D)	Price	Ti	Reported Transaction(s) (Instr. 3 and 4)					
Americar	2023				A		18,903		Α	\$26.4	.5 361,666		1,666		D						
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
	I				LS, Cui	13, V	Varie	t.J,													
1. Title of Derivative Security (Instr. 3)	tive Conversion Date ty or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative irities iired ir osed ) r. 3, 4	6. Date E Expiration (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		of G G	8. Pric Deriva Securi (Instr.		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Expiration Date		Title	or Nu of	mber ares								

## Explanation of Responses:

1. Each American Depositary Share (ADS) represents ten Ordinary Shares of the issuer. Our ADSs and Ordinary Shares are fully fungible. For purposes of this Form 4, we are reporting this in terms of ADSs.

/s/ Bruce Blefeld, Attorney-in-Fact

06/30/2023

<u>in-Fact</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.