FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 |
|------------------|------|-------|
| · ac · g.co. · , | | _00.0 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Reinhart Harald | | | | | 2. Issuer Name and Ticker or Trading Symbol Zai Lab Ltd [ZLAB] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify | | | | | |
|--|--|------------|------------------------------|--------------------------------------|---|--|--------|--|--------------------|---|--|---|--|--|---|--|--|
| (Last) (First) (Middle) C/O ZAI LAB LIMITED 4560 JINKE ROAD, BLDG 1, 4TH FLOOR | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2021 | | | | | | | Chief Medical Officer | | | | | |
| (Street) PUDONO SHANG | G, F4 HAI | ļ | 201210 (Zip) | 4. | If Ame | ndment, [| Date o | of Original Filed (Month/Day/Year) | | | Line | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| Date | | | ransaction e nth/Day/Y | Execution Date, | | Code (Ins | | | | 5. Amour Securitie Beneficia Owned F | es For ally (D) Following (I) | | rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | Code V | Amount | (A) or (D) | Price | Transact (Instr. 3 a | tion(s) | | | (Instr. 4) | | | |
| | 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) | ve Conversion Date Execution Date, Track or Exercise (Month/Day/Year) if any | | Trans Code | ransaction of ode (Instr. Derivative | | Expiration Date An (Month/Day/Year) Se Un De | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Stock Options (Right to Buy) | \$130.96 | 04/01/2021 | | A | | 26,650 | | (1) | 04/01/2031 | Ordinary Shares | 26,650 | \$0.00 | 26,650 |) | D | | |
| Restricted Share Units | (2) | 04/01/2021 | | A | | 5,050 | | (3) | (3) | Ordinary Shares | 5,050 | \$0.00 | 5,050 | | D | | |

Explanation of Responses:

- 1. The Stock Options vest in equal annual installments over five years beginning on 04/01/2022, the first anniversary of the date of grant.
- 2. Each Restricted Share Unit represents a contingent right to receive one Ordinary Share of the issuer.
- 3. The Restricted Share Units vest in equal annual installments over five years beginning on 04/01/2022, the first anniversary of the date of grant. Vested shares will be delivered to the reporting person following vesting.

Remarks:

/s/ Bruce A. Blefeld, Attorneyin-Fact

04/05/2021

** 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.