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

					0. 000		30(, 0				прапу Аст с			_						
Name and Address of Reporting Person* Morrison Scott W						2. Issuer Name and Ticker or Trading Symbol Zai Lab Ltd [ZLAB]							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
14101115	on ocott	<u></u>			⊢—										V Dire	ctor		10% Ov	wner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/29/2023									Offic belo	er (give title w)		Other (s	specify		
C/O ZAI	Δ If Λ	4. If Amondment, Date of Original Filed (Month/Day/Moss)								6 Ir	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)								Line	Line)					
											X Form filed by One Reporting Person									
(Street) CAMBRIDGE MA 02142														Form filed by More than One Reporting Person						
l					Rul	Rule 10b5-1(c) Transaction Indication														
(City)	(S	tate) (2	Zip)		```	-	300	_(0)	· · · · · ·	Juo		iioa								
(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.															
		Table	l - No	n-Deriva	tive S	ecui	rities	Acq	uired,	Dis	posed of	f, or	Ben	eficia	lly Ow	ned				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					Execution Date,			Date,	3. Transaction Code (Instr. 8) 4. Securitie Disposed C						Benet Owne Follow	icially d ving	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A (D	A) or D)	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)				
Americar	n Depositar	y Shares ⁽¹⁾		06/29/2	2023				A		18,903	3 A \$		\$26.4	5 2	26,248		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
			1		_	, -			_							l			144 11 1	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, h/Day/Year)	4. Transaction Code (Instr. 8)		Secu Acqu (A) o Dispo	vative crities critied r osed)	6. Date Exercisa Expiration Date (Month/Day/Year		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		f C S g (. Price of Perivative Security Instr. 5)	vative derivative urity Securities		0. wnership orm: irect (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	or Nur of	ount 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.

<u>/s/ Bruce Blefeld, Attorney-in-Fact</u>

06/30/2023

** 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.