FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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

					1		-(,				.,,								
1. Name ar	2. Issuer Name <b>and</b> Ticker or Trading Symbol Zai Lab Ltd [ ZLAB ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
<u>Vounatsos Michel</u>														<b>V</b>	Director		10% Own		vner
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/18/2024									Officer (give title below)			Other (s below)	specify		
C/O ZAI LAB LIMITED						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)					
314 MAIN STREET, 4TH FLOOR, SUITE 100															,				
														V					
(Street)						Form filed by More than One Reporting Person										orting			
CAMBRIDGE MA 02142															. 0.0.				
					Rule 10b5-1(c) Transaction Indication														
(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.														
						atisty t	ne amirr	mative o	detense o	conditio	ons of Rule 10	05-1(C)	). See II	nstructio	1 10.				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac						tion 2A. Deemed			3. 4. Securities Acquired (A			A) or	or 5. Amount of		6. Ownership		7. Nature		
Date (Month/Da					ay/Year)	if an	Execution Date, if any (Month/Day/Year)		Transaction Dispose 5)		Disposed 0	ed Of (D) (Instr. 3		4 and Securi				r Indirect	of Indirect Beneficial Ownership (Instr. 4)
						1,									Reported				
									Code	l۷	Amount	(A) (D)	or   P	rice					
Amorican Donositomy Change(I) 06/19/						2024					21 252(2	,	\$0		39,585			D	
American Depositary Shares <sup>(1)</sup> 06/18/2						2024		A		21,253(2	'   F	4 <u> </u>	φυ   3		9,383		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
				(e.g., pu	ıts, ca	ılls, v	varra	ınts,	option	ıs, c	onvertib	le se	curiti	ies)					
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		on Date, Transaction			n of		6. Date Exercisable an Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y C	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Expiration c		Amou or Numb of Share	er								

## **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
- 2. Represents restricted shares that vest in full on June 18, 2025, subject to the Reporting Person's continued service as a member of the issuer's board of directors through such vesting date.

 $\underline{\text{/s/Bruce Blefeld, Attorney-in-}}$   $\underline{\text{06/20/2024}}$ 

\*\* 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.