FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 |
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| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* WIRTH PETER | | | | | | 2. Issuer Name and Ticker or Trading Symbol Zai Lab Ltd [ZLAB] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|--|---------|---|--|--|--|--|------|---|--------|--------------------|---|--|--|--|--|---------------|------------------------------------|---|--|
| WIKITIPETEK | | | | | | | | _ | _ | | | | | X | Direc | tor | | 10% O | wner | |
| (Last) (First) (Middle) C/O ZAI LAB LIMITED | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/08/2021 | | | | | | | | | Office below | er (give title v) | | Other (below) | specify | |
| 314 MAIN STREET, 4TH FLOOR, SUITE 100 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | 12/08/2021 | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| CAMBRIDGE MA 02142 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (Z | Ľip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (I 5) | | | | | | 5. Amo Securi Benefi Owned | ties cially I Following | Form (D) o | n: Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Transa | nsaction(s) tr. 3 and 4) | | | (111511.4) | | |
| American Depositary Shares ⁽¹⁾ 12/08/20 | | | | | | J21 ⁽²⁾ | | | P | | 4,000 | 00 A \$ | | 71.36 | 4,000 | | | I | By Trust | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | Dei Sec (Ins | Price of rivative curity etr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code | v | | | Date Exercisable | | Expiration Date | of Title Share | | . | | | | | | |

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
- 2. On December 8, 2021, the Reporting Person filed a Form 4 that inadvertently reported that the Reporting Person acquired ADSs directly. This amendment reflects the indirect ownership of the acquired ADSs.

Remarks:

/s/ Bruce A. Blefeld, Attorney-12/12/2022

in-Fact

** 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.