FORM 4

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

Washington,	D.C. 20549
-------------	------------

Check this box if no longer subject
Section 16. Form 4 or Form 5
bligations may continue. See
4 ··· · - 4 ! - ·- · 4 / I- \

## 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* Smiley Joshua L					2. Issuer Name <b>and</b> Ticker or Trading Symbol Zai Lab Ltd [ ZLAB ]									ck all app Direc	tor	ng Per	10% Ov	wner	
(Last)	(Fi	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/13/2024								X		Officer (give title below)  See Re		Other (s below)	specify
314 MAIN STREET, 4TH FLOOR, SUITE 100					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	· '					
(Street) CAMBRIDGE MA 02142														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication													
						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 - Noi	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benet	ficiall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Exe (ay/Year) if an		Deemed ecution Date, ny onth/Day/Year)		3. Transaction Code (Instr. 8)  4. Securities Disposed O 5)			es Acquired (A Of (D) (Instr. 3,		A) or , 4 and		ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) (D)	or P	rice	Report Transa (Instr. :	ed ction(s) 3 and 4)			(Instr. 4)	
American Depositary Shares <sup>(1)</sup> 05/1				05/13/	2024				P <sup>(2)</sup>		3,000	A	<b>\</b>   ;	\$21.4	4 31,684			D	
	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)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Number 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)		De Se (Ir	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Cod		v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amou or Numb of Share	ber					

## **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. The transaction reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 12, 2023.

## Remarks:

President and Chief Operating Officer

/s/ Bruce Blefeld, Attorney-in-05/15/2024 **Fact** 

\*\* 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.