FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
I	Estimated average burden									
١	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

			*		Т						Symbol	3. 2340		E D-	lationah:	n of Bonorti	ing Do	reon(e) to !	ecuor 1	
Name and Address of Reporting Person* Du Wing						2. Issuer Name and Ticker or Trading Symbol Zai Lab Ltd [ZLAB]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Du Ying</u>						Zar Dao Daa [ZEAD]								X	X Director			10% Ov	vner	
(Last)	3. Date of Earliest Transaction (Month/Day/Year)							X	X Officer (give title below)			Other (s	specify							
(Last) (First) (Middle) C/O ZAI LAB LIMITED						06/29/2023									Chairperson & CEO					
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					
					4. II Amendment, Date of Original Flied (Month/Day/fear)								Line)							
(Street)															X Form filed by One Reporting Person					
CAMBRIDGE MA 02142															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.														
		Table	I - No	n-Deriva	tive S	ecur	ities	Acc	uired,	Dis	posed of	f, or E	Bene	ficial	ly Owr	ned				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					/Year)	Execu	Deemed cution Date, y nth/Day/Year)				ies Acquired (A Of (D) (Instr. 3				cially 1	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) (D)	or P	rice		ted action(s) 3 and 4)	ľ				
American Depositary Shares ⁽¹⁾ 06/29/20						2023			A		71,880	A	\$	26.45	1,110,243 ⁽²⁾			D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
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1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date or Exercise (Month/Day/Year) if any			ition Date,	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		De Se (In	Price of crivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)		
			Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	oer								

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. The number of ADSs beneficially owned by the reporting person following this reported transaction corrects inadvertent errors in Column 5 of Table I of the Form 4 for the reporting person filed on June 26, 2023.

/s/ Bruce Blefeld, Attorneyin-Fact

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.