FORM 4

UNITED STATES SE

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

CURITIES AND EXCHANGE COMMISSION

OMB AP	PROVAL									
OMB Number:	3235-0287									
Estimated average burden										
hours per respons	e 0.5									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Instruct	ion 10.																	
Name and Address of Reporting Person* Smiley Loghue I.					2. Issuer Name and Ticker or Trading Symbol Zai Lab Ltd [ZLAB]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Smiley Joshua L				-	[22.42]								Directo			10% Ov		
					-									Officer below)	Officer (give title Other (specific below)			specify
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 08/15/2024								See Remarks				
C/O ZAI LAB LIMITED				100	00/13/2024													
314 MAIN STREET, 4TH FLOOR, SUITE 100					If Amendment, Date of Original Filed (Month/Day/Year)							6 Ir	Individual or Joint/Group Filing (Check Applicable					
(Street)				_	4. II Americinent, Date of Original Flied (Month/Day/Tear)								Line)					
(Street) CAMBRIDGE MA 02142													Form filed by One Reporting Person				۱	
	CAMBRIDGE MA 02142				-										Form filed by More than One Reporting Person			
(City)	(S	tate)	(Zip)															
		Tal	ole I - No	n-Deri	vativ	re Se	ecuri	ties A	quirec	l, Dis	sposed o	of, or Be	neficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Dat		ion Date,	Code (Instr		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			Benefici Owned F	es Formally (D) of (I) (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
										v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)
American Depositary Shares ⁽¹⁾ 08/15/2					5/2024	2024		M		15,900	900 ⁽²⁾ A		47	47,584		D		
American Depositary Shares ⁽¹⁾ 08/16/2				5/2024	/2024					4,352 ⁽⁴⁾ D		\$16.67	3 43,232			D		
		,	Table II -								osed of converti			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code (8)		n of		6. Date Exercisa Expiration Date (Month/Day/Yea		of Securitie		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Co	Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Restricted Share Units	(3)	08/15/2024			M			15,900	(5)		(5)	American Depositary Shares ⁽¹⁾	15,900	\$0	47,70	0	D	

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.
- $2.\ ADSs\ acquired\ upon\ vesting\ of\ Restricted\ Share\ Units\ ("RSUs").$
- 3. Each RSU represents a contingent right to receive one ADS.
- 4. These ADSs were sold automatically to cover taxes upon vesting of RSUs.
- 5. The RSUs vest in equal annual installments over five years beginning on 08/15/2023, the first anniversary of the date of grant. Vested shares will be delivered in the form of ADSs to the reporting person following vesting

Remarks:

President and Chief Operating Officer

/s/ Bruce Blefeld, Attorney-in-Fact

08/19/2024

** 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.