FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
houre per reepense:	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

					0, 000	30011 00(11)	OI LIN	o investment	company 710	20 10 10 10							
Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol Zai Lab Ltd [ZLAB]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Smiley</u>	Joshua L	<u>4</u>			<u> </u>	ao Eta	[21	,,,,,				Director			10% Ov	vner	
(Loot)	//	-irot\	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)							Officer (below)	give title		Other (specify below)		
(Last) (First) (Middle) C/O ZAI LAB LIMITED					08/15/2022						Chief Operating Officer						
314 MAIN STREET, 4TH FLOOR, SUITE 100				If Amendment, Date of Original Filed (Month/Day/Year)						6 In	Individual or Joint/Group Filing (Check Applicable						
-				4. If Americanient, 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				ing		
(City)	(5	State)	(Zip)														
		Ta	able I - Non	-Deriva	tive S	ecuritie	s A	cquired, D	isposed	of, or Ber	neficially	Owned					
Date		2. Transa Date (Month/Da	Execution Date		Code (Instr.			d (A) or r. 3, 4 and 5)	Beneficial Owned Fo	Form (D) or ollowing (I) (In:		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
					Code V	Amount	(A) or	Price	Reported Transaction (Instr. 3 ar	tion(s)			(Instr. 4)				
			Table II - C					quired, Dis s, options				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye	Cod	saction e (Instr.	tion Derivative Expiration		Expiration Da	Date Exercisable and Expiration Date Securities Underl Derivative Securit (Instr. 3 and 4)		Jnderlying Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
											Amount		(Instr. 4)	onia			
				Cod	e V	(A)	(D)	Date Exercisable	Expiration Date	Title	Number of Shares						
Stock Options (Right to Buy)	\$45.78 ⁽¹⁾	08/15/2022		A		139,000		(2)	08/15/2032	American Depositary Shares	139,000	\$0.00	139,00	00	D		
Restricted Share	(3)	08/15/2022		A		79,500		(4)	(4)	American Depositary	79,500	\$0.00	79,500	0	D		

Explanation of Responses:

- 1. Each Stock Option is exercisable for one American Depositary Share (ADS), which represents ten Ordinary Shares of the issuer.
- 2. The Stock Options vest in equal annual installments over five years beginning on 08/15/2023, the first anniversary of the date of grant.
- 3. Each Restricted Share Unit represents a contingent right to receive one American Depositary Share (ADS), which represents ten Ordinary Shares of the issuer.
- 4. The Restricted Share Units 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 to the reporting person following vesting.

Remarks:

/s/ Bruce A. Blefeld, Attorney-

in-Fact

** Signature of Reporting Person

Date

08/16/2022

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.