SEC Form	4
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# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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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).

FORM 4

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

									. ,									
1. Name and Address of Reporting Person <sup>*</sup> Nistala Kiran				2. Issuer Name <b>and</b> Ticker or Trading Symbol Zura Bio Ltd [ ZURA ]								k all applicable	tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner					
<u>i tistuiu</u>	<u>- Txiruii</u>												Director					
						of Earliest Transac	av/Year)	1	Officer (given below)	e title	Other below	(specify						
(Last)	(F	First)	(Middle)		06/18/2024							See Remarks						
C/O ZURA BIO LTD													See Remarks					
1489 WEST WARM SPRINGS ROAD, #110					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
												1	Form filed by One Reporting Person					
(Street)													Form filed	by More	than One Rep	orting		
HENDE	RSON N	IV	89014										Person					
(City)	(5	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 the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												d to satisfy						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) Date (Month/D					Execution Date, ay/Year) if any		3. Transaction Code (Instr. 8)						5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code V		Amount	nount (A) or (D) P		Price	Transaction(s) (Instr. 3 and 4)			(		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
(e.g., puts, calls, warrants, options, convertible securities)																		
4 Tible of		2 Transaction	24 Desman			C Number of C			[	<b>7 7</b> 41						dd Nature		

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/Year)	4. Transa Code ( 8)		Derivative		6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Employee Share Option (Right to Buy)	\$3.38	06/18/2024		A		285,000		(1)	06/18/2034	Class A Ordinary Shares	285,000	\$0	285,000	D	

#### Explanation of Responses:

1. One fourth (1/4th) of the shares subject to the option award shall vest on June 18, 2025, and one twelfth (1/12th) of the remaining shares subject to the option award shall vest in equal quarterly installments thereafter, subject to the Reporting Person's continuous service through such vesting date.

## Remarks:

Chief Medical Officer and Head of Development

### /s/ Kiran Nistala

06/21/2024

\*\* 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.