FORM 4

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

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Nachington	D C 20540	

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-02		

	OMB Number:	3235-0287
	Estimated average b	ourden
ı	hours per response:	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 10b5Filed 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* <u>Munshi Amit</u>			2. Issuer Name <b>and</b> Ticker or Trading Symbol Zura Bio Ltd [ ZURA ]							(Che	eck all app	tionship of Reporting Per all applicable) Director			rson(s) to Issuer				
	RA BIO L		(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/22/2024								Officer (give title relow)		Other (specify below)			
1489 WEST WARM SPRINGS ROAD #110  (Street) HENDERSON NV 89014			4. If Amendment, Date of Original Filed (Month/Day/Year) 04/24/2024						Line	Individual or Joint/Group Filing (Check Applicable ine)  Form filed by One Reporting Person  Form filed by More than One Reporting									
(City)	(	State)	(Zip)												Perso	on			
		Tab	le I - No	on-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or	Bene	eficia	lly Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date,		ate,	3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				Securi Benefi Owned	ecurities F eneficially ( wned Following (		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A (D	() or ()	Price	Report Transa (Instr.	ted action(s) 3 and 4)			(Instr. 4)
Class A o	ordinary sl	nares		04/22/2	2024			<b>A</b> <sup>(1)</sup>		159,744	2)	A \$3		777,384		D			
		Т	able II								osed of, convertib				/ Owne	d			
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Yet)		Execur) if any	eemed Ition Date, h/Day/Year)  4. Transaction Code (Instr. 8)			of Deriv Secu Acqu (A) o Disport of (D	Expira erivative ecurities cquired ) or sposed (D) sstr. 3, 4		te Exercisable and ation Date th/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)			3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)	
				Cod		v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or Nun of	ount nber res					

## **Explanation of Responses:**

- 1. On April 24, 2024, the Reporting Person filed a Form 4 which inadvertently included the incorrect transaction code due to an administrative error. This amendment is being filed solely to reflect the correct transaction code 'A' instead of transaction code 'P'.
- 2. These shares were acquired in a private placement transaction pursuant to the terms of that certain Securities Purchase Agreement, dated as of April 18, 2024, between the Issuer and the Reporting Person at a purchase price of \$3.13 per share

/s/ Kim Davis, Attorney-in-09/06/2024

\*\* 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.