SEC Form	4
----------	---

Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-028

OWB NUMBER.	3233-0207	
Estimated average burden		
hours per response:	0.5	

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

		*			2 1000	or Nome and	Tieke	r or Trodin		mahal		E De	ationabin of	Departing	Deree				
1. Name and Address of Reporting Person				2. Issuer Name and Ticker or Trading Symbol Zura Bio Ltd ZURA								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Lisicki	Robert				<u>23414</u>	<u>DIO Lta</u>	20						Director			10% Ow	ner		
,					3. Date	e of Earliest Tr	ransa	iction (Mon	nth/D	ay/Year)		X	Officer (g below)	give title		Other (s below)	pecify		
(Last)	(1	First)	(Middle)		01/24/2024							DCIOW)	See R	Remark	, ,				
C/O ZURA BIO LIMITED														See N	cemar	1.5			
1489 W. WARM SPRINGS RD. #110					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person							
(Street)													Form file	d by More	e than (One Reporti	ng Person		
HENDE	RSON N	٩V	89014		Rule 10b5-1(c) Transaction Indication														
(City)	(\$	State)	(Zip)		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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date				/Day/Year) if any		2A. Deemed Execution Date, f any Month/Day/Year)		Transaction Disposed		ies Acquire Of (D) (Ins	ed (A) or tr. 3, 4 and 5)	Following	es Form ally Owned (D) o ng (I) (Ir		Direct I Indirect I	7. Nature of ndirect Beneficial Ownership			
								v	Amount	(A) o (D)	r Price		ported ansaction(s) str. 3 and 4)			Instr. 4)			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, Tra urity or Exercise (Month/Day/Year) if any Co		Trans Code	saction le (Instr. Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date Se (Month/Day/Year) De		Securities	nd Amount of s Underlying e Security nd 4)	erlying Derivative				11. Nature of Indirect Beneficial Ownership (Instr. 4)					
				Code	v	(A)	(D)		Date Exercisable		Title	Amount or Number of Shares		Transac (Instr. 4)	tion(s)				
Stock options	\$3.98	01/24/2024		Α		1,000,000 ⁽¹⁾		(1)		(1) 01/24/2		01/24/2034	Class A Ordinary Shares	1,000,000	\$0	1,000	,000	D	

Explanation of Responses:

1. Consists of options to purchase 1,000,000 Class A Ordinary Shares. The vesting for 600,000 of 1,000,000 shares began on January 8, 2024 and would vest over a period of four years, with 1/4 to be vested on 01/08/2025, and thereafter 1/48 on a monthly basis. The vesting for 400,000 of 1,000,000 shares shall begin on the date of Mr. Lisicki's promotion and shall vest over a period of four years, with 1/4 to be vested on the first anniversary of the promotion date, and thereafter 1/48 on a monthly basis.

Remarks:

President, Chief Operating Officer

/s/ Robert Lisicki

** Signature of Reporting Person

01/26/2024 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.