FORM 4

UNITED STATES SEC

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

·Ur	KIIIES	AND	EXCHANGE	COMMIS	SSIUN	l

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
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 10b5-1(c). See Instruction 10.

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

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)						
Munshi Amit				-	Zulu Dio Etti [ZURA]								Director	r		10% Ow	ner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)										Other (spelow)	pecify		
C/O ZURA BIO LTD					2/09/2	.024												
1489 WEST WARM SPRINGS ROAD #110				4	4. If Amendment, Date of Original Filed (Month/Day/Year)							6 In	6. Individual or Joint/Group Filing (Check Applicable					
				— ^{*.}	4. II Amendment, Date of Original Flied (Month/Day/Year)							Line)						
(Street)												Form filed by One Reporting Person						
HENDERSON NV 89014			89014										Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date			Transaction te onth/Day/	Execution Date		Code (Instr. 5)				5. Amour Securities Beneficia Owned F	s Formally (D) o		n: Direct I or Indirect I nstr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) o (D)	r Price	Reported Transaction(s) (Instr. 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)	Title of 2. 3. Transaction 3A. Deemed Execution Date or Exercise (Month/Day/Year) if any		3A. Deemed Execution Date,	4. Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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 Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	,,,,,			
Share Option (Right to Buy)	\$2.76	12/09/2024		A		117,000		(1)		12/09/2034	Class A Ordinary Shares	117,000	\$0	117,000	0	D		

Explanation of Responses:

1. This option vests in twelve substantially equal monthly installments over a one-year period measured from October 23, 2024; provided, that any remaining unvested portion of the option award will vest as of the day immediately preceding the next annual meeting of shareholders following the grant date, subject to the Reporting Person's continued service as of each such vesting date.

/s/ Kim Davis, Attorney-in-Fact 12/11/2024

** 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.