FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	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).

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* Howell Michael					2. Issuer Name and Ticker or Trading Symbol Zura Bio Ltd [ZURA]							(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) Director					
(Last)	Last) (First) (Middle) C/O ZURA BIO LTD			3. Date of Earliest Transaction (Month/Day/Year) 06/18/2024								Officer (give title Other (specification) See Remarks						
1489 WEST WARM SPRINGS ROAD, #110					4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) HENDERSON NV 89014													Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (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 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																	
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				action 2A. Deemed Execution Date if any (Month/Day/Year)		Execution if any	Date,	3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Inst			Beneficia Owned Fo	s I lly (ollowing (6. Owne Form: D (D) or In (I) (Instr	Direct Ir ndirect B r. 4) O	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) o	r Price	Transacti	Reported Transaction(s) (Instr. 3 and 4)		"	nstr. 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Co	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 derivative Securities Beneficially Owned Following Reported Transactio	y C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	ode \	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)	(-/		
Employee Share Option (Right to Buy)	\$3.38	06/18/2024		A	A		295,000		(1)	06	5/18/2034	Class A Ordinary Shares	295,000	\$0	295,000)	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 Scientific Officer and Head of Translational Science

06/21/2024 /s/ Michael Howell

** 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.