FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

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 Sensei Biotherapeutics, Inc. [ SNSE ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Peyer James					500	IOCT I	310(1)	cru	peac	<u>co, 1</u>	<u> </u>	- 1		X	Direc	tor	7	X 10%	Owner	
(Last)	(Fi	, ,				3. Date of Earliest Transaction (Month/Day/Year) 04/19/2021								Officer (give title Other (specify below) below)						
C/O SENSEI BIOTHERAPEUTICS, INC.																				
1405 RESEARCH BLVD. SUITE 125					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Line)  X Form filed by One Reporting Person						
	ROCKVILLE MD 20850			)									Λ.	Form filed by More than One Reporting Person						
(City)	(St	ate) (2	(Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yell)					/ear) i	Execution			3. Transaction Code (Instr. 8)		4. Securities Disposed Of	ecurities Acquired (A) o posed Of (D) (Instr. 3, 4 a			5. Amou Securition Benefici Owned I Reporte	es ally Following	Form (D) o	nership : Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(IIISU. 4)		
Common Stock 04/19/202					21	:1					1,965	A	\$13.38	8(1)	4,811,509		I <sup>(2)</sup>		See footnote <sup>(2)</sup>	
	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)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expi (Mor	ate Exer ration I nth/Day		Amou Secu Unde Deriv	rities rlying ative rity (Instr. 4)			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersl Form: Direct (E or Indire (I) (Instr.	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares							

## **Explanation of Responses:**

- 1. The price reported is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$13.00 to \$13.75, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set herein.
- 2. These shares are held by Cambrian Biopharma Inc, a Delaware corporation ("Cambrian"). The Reporting Person is the Chief Executive Officer of Cambrian and in such capacity may direct the voting and disposition of the shares held by Cambrian, subject in certain instances to the approval of Cambrian's Board of Directors. Mr. Peyer disclaims beneficial ownership of such shares

/s/ Sarah Field, Attorney-in-

\*\* Signature of Reporting Person

**Fact** 

04/20/2021

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.