Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

	OMB APPROVAL										
	OMB Number: 3235-0287 Estimated average burden										
	hours nor resnance	. 05									

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* Peyer James				2. Issuer Name and Ticker or Trading Symbol Sensei Biotherapeutics, Inc. [SNSE]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner							
														X		or er (give title	-	-	r (specify	
(Last)	(Fi	rst) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/19/2021									below) below)						
C/O SENSEI BIOTHERAPEUTICS, INC.					02/19/2021															
1405 RESEARCH BLVD, SUITE 125					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)	ILLE M	D 2	0850											X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate) (Z	Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				Execution Date,		е,	3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (Acquire (D) (Inst	d (A) or r. 3, 4 and	nd 5) Securiti		es ally Following	Form:	nership : Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) or (D)	Price	Tr	Transaction(s) (Instr. 3 and 4)				(111501.4)		
Common Stock 02/19/202				21				P		11,786	A	\$19.77	7(1) 4,702,692		2,692	I ⁽²⁾		See footnote ⁽²⁾		
	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. Deer Execution if any (Month/E	on Date,	4. Transaction Code (Instr. 8) 5. Number of of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Expi (Mor	ate Exer ration I nth/Day		7. Title Amou Secur Under Deriva Secur 3 and	int of ities rlying ative ity (Instr.	Deriv Secu	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	i S Illy	10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	or Number of Shares							

Explanation of Responses:

- 1. The price reported is a weighted average sales price. These shares were sold in multiple transactions at prices ranging from \$19.50 to \$19.8999, 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 sold 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.

Remarks:

By: /s/Mark Ballantyne, Attorney-in-Fact

02/23/2021

** 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.