FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	20540	
vvasiiiiigioii,	D.C.	20549	

STATEMENT O	F CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL

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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* Cambrian BioPharma Inc				2. Issuer Name and Ticker or Trading Symbol Sensei Biotherapeutics, Inc. [SNSE]								ationship k all app Direc	,	ng Pe X	(10% O	Owner			
	RIS AVEN	UE	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/14/2022									Office below	er (give title v)		Other (below)	specify
BROOKLYN NAVY YARD, BUILDING 128				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)					pplicable			
(Street) BROOKLYN NY 11205											X	,							
(City)	(St	tate) (Z	Zip)																
		Table	I - No	n-Deriva	ative S	Secu	rities	Acq	uired,	, Dis	posed of	, or E	Benef	icially	/ Own	ed			
Date		2. Transac Date (Month/Da	Execution if any		Deemed cution Date, ny nth/Day/Year)				es Acquired (A) Of (D) (Instr. 3, 4		4 and Secu Bene		cially I Following	Forn (D) c	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) (D)	or Pri	ce	Transa				(111301.4)		
Common	Stock			02/14/2	2022	022			P		10,000	A	\$4	.18 ⁽²⁾	8 ⁽²⁾ 5,185,786		D ⁽¹⁾		
Common Stock 02/16/2			2022		P		2,551	A	\$4	1.25 ⁽³⁾	5,188,337		D ⁽¹⁾						
		Tal	ble II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, l/Day/Year)	4. Transa Code (8)		of Deriv	r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In:		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	er					

Explanation of Responses:

- 1. These shares are held by Cambrian Biopharma, Inc., a Delaware corporation ("Cambrian"). The Chief Executive Officer of Cambrian, James Peyer, 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.
- 2. The price reported is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$4.10 to \$4.25, 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.
- 3. The price reported is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$4.20 to \$4.25, 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.

<u>Cambrian BioPharma Inc, by:</u> /s/ Jam<u>es Peyer</u>

02/16/2022

** 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.