FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OIVIB APPROVAL									
OMB Number:	3235-0287								
Estimated average burd	len								
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

1. Name and Address of Reporting Person* Peyer James					2. Issuer Name and Ticker or Trading Symbol Sensei Biotherapeutics, Inc. [SNSE]								Relationship leck all appli X Direct	cable) or	g Pers	10% Ow	ner	
					3. Date of Earliest Transaction (Month/Day/Year) 02/03/2021								Officer below)	(give title		Other (s below)	pecify	
1405 RESEARCH BLVD, SUITE 125				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)	ILLE M	D	20850								Lin	X Form	rm filed by One Reporting Person rm filed by More than One Reporting rson					
(City)	(S	tate)	(Zip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)				Benefici	s Formally (D) (i) (I)		rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code	Amo	ount	(A) or (D)	Price	Transac (Instr. 3	ion(s)			,iiisti. 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/Ye	ate, T	Code (Ins				6. Date Exercisable Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e O s F ally D o g (i	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Code				Code	v	(A)	(D)	Date Exercisable	Expirat Date		Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$19	02/03/2021			A		16,666		(1)	02/02/2	2031	Common Stock	16,666	\$0.00	16,666	6	I	See footnote ⁽²⁾

Explanation of Responses:

- 1. One thirty-sixth (1/36th) of the options granted shall vest and become exercisable each month following February 3, 2021, the Vesting Commencement Date, over three years such that the options shall be 100% vested on the third anniversary of the Vesting Commencement Date, subject to Continuous Service (as defined in the 2021 Equity Incentive Plan) of James Peyer on the Issuer's Board of Directors, through each such vesting date. Mr. Peyer is the Chief Executive Officer of Cambrian and disclaims beneficial ownership of such shares.
- 2. These options 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. Dr. Peyer disclaims beneficial ownership of such shares.

Remarks:

/s/ Mark Ballantyne (Attorney-in-Fact)

** Signature of Reporting Person Date

02/05/2021

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.