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FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C. 20549	
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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*     Cambrian BioPharma Inc					2. Issuer Name and Ticker or Trading Symbol Sensei Biotherapeutics, Inc. [ SNSE ]										all app		ng Per X	10% 0	wner	
(Last)	(Fir	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/23/2021									Office below	er (give title v)		Other ( below)	specify	
BROOKLYN NAVY YARD, BUILDING 128						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) BROOK	LYN NY	? 1	1205		03/24/2021								X	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate) (Z	Zip)																	
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	quirec	l, Dis	sposed of	, or E	Benefic	ially	Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				Execution (Year) if any		A. Deemed kecution Date, any Ionth/Day/Year)				Acquired (A) or f (D) (Instr. 3, 4 a		and 5) Securi Benefi		cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) o (D)	Price	Trans		ction(s) 3 and 4)			(11341.4)		
Common Stock 03/23/20					)21				P		9,500(1)	A	\$14.	.34 <sup>(2)</sup> 4,7		,798,293		D <sup>(3)</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)	ve   Conversion   Date   Execution Date, or Exercise   (Month/Day/Year)   if any		Code ( 8)	ransaction ode (Instr. )		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerciss Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)  Amou or Numb of Title Share				9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## **Explanation of Responses:**

- 1. This Form 4 is being amended to correct the number of shares purchased. The original Form 4 filed on March 24, 2021, overstated the number of shares purchased.
- 2. The price reported is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$14.00 to \$14.75, 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.
- 3. 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

Cambrian BioPharma Inc, by: 04/21/2022 /s/ James Peyer

\*\* 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.