FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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* RINGO WILLIAM R (Last) (First) (Middle)					- 3. I	Sensei Biotherapeutics, Inc. [SNSE] 3. Date of Earliest Transaction (Month/Day/Year) 06/11/2024							5. Relationship of Reporting Pers (Check all applicable) Director Officer (give title below)			uer vner specify	
C/O SENSEI BIOTHERAPEUTICS, INC. 1405 RESEARCH BLVD., SUITE 125					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person				
(Street)	reet) OCKVILLE MD 20850		R	Form filed by More than One Reporting Person Rule 10b5-1(c) Transaction Indication										rting			
(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
		Tab	le I - Non	-Deri	vativ	e Sec	curities	s Ac	quired, Di	sposed o	f, or Be	neficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,		3. Transaction Code (Instr. 8) 8 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				s Formally (D) of collowing (I) (I	orm: Direct 0) or Indirect ((Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code V	Amount	t (A) or Price		Reported Transact (Instr. 3 a	ion(s)		Instr. 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 Da if any (Month/Day/	ate,	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$0.709	06/11/2024			A		19,000		(1)	06/10/2034	Common Stock	19,000	\$0	19,000	D		

Explanation of Responses:

1. The shares subject to the option vest and become exercisable in 12 equal monthly installments over a one year period such that the option is fully vested on the first anniversary of the date of grant, or June 11, 2025, subject to the Reporting Person's continuous service with the Issuer as of each such vesting date; provided that the option will in any case be fully vested on the date of the Company's next annual stockholder meeting, subject to the Reporting Person's continuous service with the Issuer through such vesting date.

/s/ Mark Ballantyne, Attorney-

in-Fact

** Signature of Reporting Person Date

06/13/2024

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.