## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

monuc																			
Name and Address of Reporting Person*  Krabs Stanbania						2. Issuer Name and Ticker or Trading Symbol Sensei Biotherapeutics, Inc. [ SNSE ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Krebs Stephanie					Sensor Browning, Me. [ Sixon ]							Directo	•		10% Ow	ner			
													Officer (give title below)			Other (s below)	pecify		
(Last) (First) (Middle)							Trans	action (Mo	nth/D	ay/Year)			1 ' ' '						
C/O SEN	ISEI BIOT	HERAPEUTICS	, INC.	1	12/20/2024							Chief Business Officer							
1405 RESEARCH BLVD, SUITE 125																			
1403 RESEARCH BLVD, SUITE 123					4. If Amendment, Date of Original Filed (Month/Day/Year)						6	6. Individual or Joint/Group Filing (Check Applicable							
(Street)				I.	The information of the control of th							Line)							
1.			20850		Form filed by One Reporting Person														
ROCKVILLE MD 20850			20830										Form filed by More than One Reporting						
													Person						
(City)	(8	tate)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transa									ed (A) or	5. Amour				'. Nature of					
Date					Execution Date, Transaction Disposed Of (D) (Instr. 3)			str. 3, 4 and	5) Securities Beneficia				ndirect Beneficial						
(Monta)					(Month/Day/Year) 8)					Owned Following (I) (Instr. 4) Ov			Ownership Instr. 4)						
								Code	v	Amount	mount (A) or (D)		Transacti	ion(s)		- 1	IIISU. 4)		
								5000		7	(D)	" Price	(Instr. 3 a	nd 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			3A. Deemed Execution Date, if any (Month/Day/Yea	Code		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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)	\-/				
Stock Option (Right to Buy)	\$0.4499	12/20/2024		A		120,000		(1)	12	2/19/2034	Common Stock	120,000	\$0	120,00	00	D			

## **Explanation of Responses:**

1. 100% of the shares subject to the option shall vest on December 1, 2025, subject to the Reporting Person's continuous service with the Issuer as of such date.

/s/ Mark Ballantyne, Attorneyin-Fact

12/23/2024

\*\* Signature of Reporting Person

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.