1. Title of Security (Instr. 3)

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

2. Transaction Date

**OMB APPROVAL** 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

7. Nature

6. Ownership

Instruction 1(b).		F	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940	nodro per responde.							
	ess of Reporting Pers oPharma Inc	on <sup>*</sup>	2. Issuer Name and Ticker or Trading Symbol Sensei Biotherapeutics, Inc. [ SNSE ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  10% Owner							
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/11/2024	Officer (give title Other (specify below) below)							
228 PARK AVE	ENUE S. #66643		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)							
Street) NEW YORK	NY	10003		Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(State)	(Zip)	Rule 10b5-1(c) Transaction Indication								
			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.								
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											

## Securities Beneficially Owned Follov Form: Direct (D) or Indirect (I) (Instr. 4) of Indirect Beneficial Ownership (Instr. 4) if any (Month/Day/Year) Code (Instr. 8) (Month/Day/Year) 5) Reported (A) or (D) Transaction(s) Code l٧ Amount Price (Instr. 3 and 4) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

3. Transaction

2A. Deemed Execution Date,

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/Year)		Transaction of Code (Instr. Derivative		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)	10. 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.

> Cambrian BioPharma Inc, by: /s/ James Peyer

06/13/2024

\*\* Signature of Reporting Person

4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and

Date

5. Amount of

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.