## FORM 4

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

Washington, D.C. 20549

(II	AND E	XCHANGE	COMMISSION OF THE PROPERTY OF

OMB APPROVAL								
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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(h)

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

instruct	iion 10.																			
Name and Address of Reporting Person*     Craver Josiah					2. Issuer Name and Ticker or Trading Symbol Sensei Biotherapeutics, Inc. [ SNSE ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)							
					,										Director			10% Ow		
															below)	give title		Other (s below)	pecity	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 12/20/2024									Principal Financial Officer						
C/O SENSEI BIOTHERAPEUTICS, INC.				'	12/20/2027											- F				
1405 RESEARCH BLVD, SUITE 125				⊢																
				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)															Line)  Form filed by One Reporting Person					
ROCKV	ILLE N	<b>I</b> D	20850												Form filed by More than One Reporting					
				—											Person					
(City)	(5	State)	(Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of S	Security (Ins	tr. 3)		Transactio							ties Acquired (A) or							7. Nature of		
Date				te onth/Day/	Year)	Execution if any (Month/Da	,	´   c	Transactio Code (Inst 8)		Disposed	d Of (D) (Instr. 3, 4		3, 4 and 5)	Beneficia Owned Fo	ily (		r Indirect I str. 4)	Indirect Beneficial Ownership (Instr. 4)	
								[	Code V	,	Amount	ınt (A) or P		Price	Reported Transaction (Instr. 3 as	on(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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed		Expiration Date of S (Month/Day/Year) Und Deri				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned		10. Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security				of (D) (Instr. 3, 4 and 5)		str.	(mon. 3 and 4)							Following Reported		(I) (Instr. 4)			
											mount		Transaction(s) (Instr. 4)							
				Code	ode V	(A)		Date	e rcisable	Ex	piration	Title		umber Shares						
Stock						1 .				+			$\top$							
Option (Right to	\$0.4499	12/20/2024		A		100,000			(1)	12	2/19/2034	Common Stock	1	00,000	\$0	100,00	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.