

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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* <u>BAYER HEALTHCARE LLC</u> _____ (Last) (First) (Middle) 100 BAYER BOULEVARD _____ (Street) WHIPPANY NJ 07981 _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 06/08/2022	3. Issuer Name and Ticker or Trading Symbol <u>Senti Biosciences, Inc. [SNTI]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	5,878,488	D ⁽¹⁾	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person*
BAYER HEALTHCARE LLC

 (Last) (First) (Middle)
 100 BAYER BOULEVARD

 (Street)
 WHIPPANY NJ 07981

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Bayer US Holding LP

 (Last) (First) (Middle)
 100 BAYER BOULEVARD

 (Street)
 WHIPPANY NJ 07981

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Bayer World Investments B.V.

 (Last) (First) (Middle)

SIRIUSDREEF 36

(Street)

HOOFDDORP P7 2132WT

(City)

(State)

(Zip)

1. Name and Address of Reporting Person*

BAYER AKTIENGESELLSCHAFT

(Last)

(First)

(Middle)

BAYERWERK, GEBAEUDE W11
KAISER-WILHELM-ALLEE 1

(Street)

LEVERKUSEN 2M 51373

(City)

(State)

(Zip)

Explanation of Responses:

1. The securities reported are held directly by Bayer HealthCare LLC, a Delaware limited liability company, which is controlled by Bayer US Holding LP ("BUSH LP"), a Delaware limited partnership. Bayer World Investments B.V. ("BWI"), a Dutch private limited company, is the general partner of BUSH LP. BWI is an indirect, wholly owned subsidiary of Bayer Aktiengesellschaft, a publicly-held German stock corporation. Accordingly, Bayer Aktiengesellschaft may be deemed to be an indirect beneficial owner of the shares beneficially owned directly by Bayer HealthCare LLC.

Bayer HealthCare LLC,
By: /s/ Keith R. Abrams, 02/13/2023
Name: Keith R. Abrams,
Title: Assistant Secretary

Bayer US Holding LP, By:
/s/ Keith R. Abrams, 02/13/2023
Name: Keith R. Abrams,
Title: Assistant Secretary

Bayer World Investments
B.V., By: /s/ Patrick 02/13/2023
Lennaerts, Name: Patrick
Lennaerts, Title: Managing
Director

Bayer Aktiengesellschaft,
By: /s/ Deny-Jean Silny, 02/13/2023
Name: Deny-Jean Silny,
Title: Legal Head Mergers
& Acquisitions

** 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 5 (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.