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n 16. Form 4 oi	Form 5	UIA		ed pursu	lant	to Section	n 16(a) of the Secu	irities Excha	nge Act of		01111			0	en 0.5
nd Address of	Reporting Person	*		2. Is	sue	r Name ar	nd Ti	cker or Tradin	g Symbol					ng Per	son(s) to Is	suer
PERCEPTIVE ADVISORS LLC					<u>Mendo i x Holdings pic</u> [Moi X]							Check all applicable) X Director X 10% Owner				
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/08/2023						Officer (give title Other (specify below) below)						
OR PLACE,	, 10TH FLOOR			4. lf	Am	endment,	Date	of Original Fil	ed (Month/E	Day/Year)		e)				
ORK N	Y	10003										Y Form f	iled by Mo	•	•	
(S	tate)	(Zip)		Ru	le	10b5-	1(c) Transa	ction In	dicatior	1					
													on or writte	n plan	that is intend	led to
	Tab	le I - Noi	1-Deriv	vative	Se	curities	s Ac	quired, D	isposed	of, or Be	eneficia	lly Owned	k			
Date				r)			Code (Ins	n Disposed Of (D) (In			d Securitie Benefici Owned F	es ally Following	Forn (D) o	orm: Direct) or Indirect	7. Nature of Indirect Beneficial Ownership	
							Code	/ Amoun	t (A) ((D)	Price	Transaction				(Instr. 4)	
	т											y Owned				
Derivative Conversion Date Executivy or Exercise (Month/Day/Year) if		Execution if any	Execution Date, f any						6. Date Exercisable and Expiration Date (Month/Day/Year)		of s ng e Security	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficia Owned Following Reported	e 5 Ily I	y Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownershi (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
\$8.04	06/08/2023			A		20,000		(1)	06/08/2033	Ordinary Shares	20,000	\$0	20,00	0	I	See Footnote ⁽
(2)	06/08/2023			Α		20,000		(3)	(3)	Ordinary Shares	20,000	\$0	20,00	0	I	See Footnote ⁽
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OR PLACE,	(First) , 10TH FLOOR	(Mide	dle)													
ORK	NY	100	03													
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OR PLACE,	(First) , 10TH FLOOR	(Mide	dle)		_											
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(Street) NEW YORK	NY	10003
(City)	(State)	(Zip)

1. Name and Address of Reporting Person^*

EDELMAN JOSEPH

(Last)	(First)	(Middle)
51 ASTOR PLAC	CE, 10TH FLOOR	
(Street) NEW YORK	NY	10003
(City)	(State)	(Zip)

Explanation of Responses:

1. The option shall vest and become exercisable in a single annual installment upon the earliest of (i) June 8, 2024 or (ii) the day immediately prior to the date of the Issuer's annual meeting of shareholders in 2024.

2. Each restricted share unit converts into one ordinary share of the Issuer upon settlement. The restricted share units become settleable when Ellen Hukkelhoven ("Ms. Hukkelhoven") ceases to be a director of the Issuer.

3. The restricted share units shall vest in a single annual installment upon the earlier of (i) June 8, 2024 or (ii) the day immediately prior to the date of the Issuer's annual meeting of shareholders in 2024.

4. Ms. Hukkelhoven is a Managing Director of Perceptive Advisors, LLC (the "Advisor"). The Advisor serves as the investment manager of Perceptive Life Sciences Master Fund Ltd. (the "Master Fund"). The Advisor may be deemed to have an indirect pecuniary interest in the securities reported herein because the Advisor has the right to receive the director compensation provided in respect of Ms. Hukkelhoven's board service through a partial management fee offset. Joseph Edelman ("Mr. Edelman") is the managing member of the Advisor. Each of Mr. Edelman, the Master Fund and the Advisor disclaim, for purposes of Section 16 of the Securities Exchange Act of 1934, beneficial owner of such securities for purposes of Section 16 or for any other purposes.

<u>/s/ Joseph Edelman - for</u>	
Perceptive Advisors LLC, By:	06/12/2023
Joseph Edelman, its managing	00/12/2023
<u>member</u>	
<u>/s/ Joseph Edelman - for</u>	
Perceptive Life Sciences	
<u>Master Fund Ltd., By:</u>	
Perceptive Advisors LLC, its	<u>06/12/2023</u>
<u>investment manager, By:</u>	
Joseph Edelman, its managing	
<u>member</u>	
<u>/s/ Joseph Edelman</u>	06/12/2023
** 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 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.