FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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<i>N</i> ashington,	D.C.	20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	3235-0287 Mated average burden								
hours ner resnonse	. 05								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

Name and Address of Reporting Person*     Corning Luke					Pos	2. Issuer Name and Ticker or Trading Symbol Poseida Therapeutics, Inc. [ PSTX ]								neck all a	ship of Ro applicable rector		rson(s) to Iss			
(Last)	(F	irst)	(Middle)			Date of Earliest Transaction (Month/Day/Year) 6/15/2023									ficer (give title low)		Other (s below)	specify		
C/O POSEIDA THERAPEUTICS, INC. 9390 TOWNE CENTER DRIVE SUITE 200					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Lir	ie)	<b>'</b>					
(Street) SAN DIEGO CA 92121																Form filed by More than One Reporting Person				
(City)	(S	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.										ed to					
		Tab	le I - No	n-Deri\	ative :	Sec	curities	s Acc	quired, [	Disp	osed c	f, or Be	neficia	lly Ow	ned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				4 and Securities Beneficion Owned		es For ally (D) Following (I)	m: Direct	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) o (D)	r Price	Tra	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 06/15/					5/2023			A <sup>(1)</sup> 19,650 A		\$0.0	00	39,300 <sup>(2)</sup>		D						
		1	able II -						ired, Di options					y Own	ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	Date,	Date, Transac Code (Ir				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Pric Deriva Securi (Instr.	tive der ty Sec 5) Bei Ow Fol Rej Tra	Number of rivative curities eneficially vned ollowing eported ansaction(s) estr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)		Date Exercisable		xpiration ate	Title	Amount or Number of Shares							
Stock Option (Right to	\$2.47	06/15/2023			A		27,350		(3)	06	5/14/2033	Common Stock	27,350	\$0.0		27,350	D			

## **Explanation of Responses:**

- 1. Represents restricted stock units granted pursuant to the Issuer's Equity Incentive Plan. The RSUs are scheduled to vest on the earlier to occur of (i) the one year anniversary of the date of grant and (ii) the day preceding the date of the next annual meeting of the Issuer's stockholders.
- 2. The Reporting Person is no longer deemed to beneficially own shares held by Pentwater Capital Management LP, Crown Managed Accounts SPC, Investment Opportunities 3 SPC, LMA SPC on behalf of MAP 98 Segregated Portfolio, PWCM Master Fund Ltd., Oceana Master Fund, Ltd., Pentwater Merger Arbitrage Master Fund, Ltd., Pentwater Merger Arbitrage Fund Ltd., Pentwater Fund Ltd., Pentwater Fund Ltd., Pentwater Fund Ltd., Pentwater Fund Ltd., or Pentwater Unconstrained Master Fund Ltd.
- 3. The stock option will vest and become fully exercisable on the earlier to occur of (i) the one year anniversary of the date of grant and (ii) the day preceding the date of the next annual meeting of the Issuer's stockholders.

/s/ Harry J.Leonhardt, Attorney-in-Fact

06/16/2023

\*\* 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.