FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington,	D.C.	20549		

	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
	Estimated average burden			

0.5

hours per response:

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* Lloyd Marcea Bland				Issuer Name and Ticker or Trading Symbol Poseida Therapeutics, Inc. [PSTX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
				1 Oseida Therapedics, Inc. [PSIA]							X Direc	ctor 109		10% Ov	vner				
(Last)	(F	irst) (f	Middle)		3. Date of Earliest Transaction (Month/Day/Year)						1	Office below	er (give title v)		Other (s	specify			
C/O POSEIDA THERAPEUTICS, INC.				0//1	07/14/2020														
9390 TOWNE CENTRE DRIVE, STE 200				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable								
(Street)														Line	,	filed by On	e Rend	ortina Persi	nn
SAN DII	EGO C	A 9	2121													,		Ü	
,														Form filed by More than One Reporting Person					
(City)	(S	tate) (2	Zip)																
		Table	I - Noi	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Bene	ficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (5)		es Acquired (A) or Of (D) (Instr. 3, 4 a		(A) or 3, 4 an	Benefic Owned	ties cially Following	Form (D) or	n: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A (D	() or ()	Price	Report Transa (Instr. 3	ection(s) 3 and 4)			(Instr. 4)
Common Stock 07/14/2					/2020				P		10,000		A	\$16	5 10,000			D	
	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)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			Transaction of Code (Instr. Derivative		rative rities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)			8. Price of Derivative Security (Instr. 5)	ative derivative rity Securities	Ownersi Form: Direct (Dor Indire (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shai	ber					

Explanation of Responses:

Remarks:

/s/ Johanna M. Mylet, Attorney-in-Fact

07/15/2020

** Signature of Reporting Person Date

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

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.

^{*} 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).