SEC Form 4																
FOF	RM 4	UNITE	D STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB APPROVAL				
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).		STA	STATEMENT OF CHANGES IN BENEFICIAL OWNER Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									OMB Number: 3235-028 Estimated average burden hours per response: 0.				
1. Name and Address of Reporting Person [*] Collins Cynthia				2. Issuer Name and Ticker or Trading Symbol <u>Poseida Therapeutics, Inc.</u> [PSTX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First)		(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023							Officer (give ti below)		er (specify			
C/O POSEIDA THERAPEUTICS, INC. 9390 TOWNE CENTER DRIVE SUITE 200				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) SAN DIEGO	,										Form filed by Person	Form filed by More than One Reporting Person				
(City)	(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. 												
		Table I - No	n-Derivat	tive S	ecurities Acq	uired,	Disp	osed of, o	r Ben	eficially	Owned					
Date			2. Transact Date (Month/Day	Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Followin	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership			
					Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)				

A⁽¹⁾ Common Stock 06/15/2023 19,650 \$0.00 39,300 D Α 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 Security	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 of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to buy)	\$2.47	06/15/2023		A		27,350		(2)	06/14/2033	Common Stock	27,350	\$0.00	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 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

(A) or (D)

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.