FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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>Rizvi Syed Ali-aamir</u>	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 04/01/2024 3. Issuer Name and Ticker or Trading Symbol Poseida Therapeutics, Inc. [PSTX]						
(Last) (First) (Middle) C/O POSEIDA THERAPEUTICS, INC.			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner		F	5. If Amendment, Date of Original Filed (Month/Day/Year)		
9390 TOWNE CENTRE DRIVE, SUITE 200	_	X Officer (give Other (specify title below) below) Chief Medical Officer			6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person			
(Street) SAN DIEGO CA 92121	_						by More than One Person	
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)		[2. Amount of Securities Beneficially Owned (Instr. I)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)	2. Date Exerc Expiration Day/\ (Month/Day/\	ate	(Instr. 4) or Exer		4. Conversion or Exercise Price of	Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative or	Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

Remarks:

No securities are beneficially owned

No securities are beneficially owned.

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

04/03/2024

** 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.