SEC For	m 4																		
FORM 4 UNIT				D STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549															
Section 16. Form 4 or Form 5 obligations may continue. See					NT OF CHANGES IN BENEFICIAL OWNE ed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									ΗP	Estima	Number ated ave per res	erage burde	3235-0287 n 0.5	
1. Name and Address of Reporting Person [*] Yarema Kristin					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) Director 10% Owner				wner	
(Last) C/O POS	```	irst) ERAPEUTICS, I	(Middle) NC.		3. Date of Earliest Transaction (Month/Day/Year) 04/11/2023								X	below)	give title esident, (Other (spe below) Cell Therapy		specify	
9390 TOWNE CENTRE DRIVE, SUITE 200					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) SAN DI	EGO C	A	92121										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.													
		Та	ble I - Nor	-Deriva	ative Se	ecurities Ac	quire	red,	Disp	osed o	f, o	r Bene	ficially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						2A. Deemed Execution Date, if any (Month/Day/Year	Co	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or 3, 4 and 5) or 4 and 5) Beneficially Owned Foll Reported		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
							Co	ode	v	Amount (A) or (D) P		Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)				
Common Stock 04/11					/2023		A	A ⁽¹⁾		356,83	356,836 A :		\$0.00	356	,836		D		
			Table II -	Derivat (e.g., pi	ive Sec uts, cal	curities Acqu Is, warrants	uirec , opt	d, D tion	ispo s, co	sed of, onvertil	or l	Benefi securi	cially (ties)	Dwned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)			insaction de (Instr.		Expiration Date of S (Month/Day/Year) Unc Der				of S Und Deri	ecurities erlying	ying Security (I		9. Number of derivative Securities Beneficially Owned		10. Ownership Form: Direct (D) or Indirect	Beneficial Ownership	

	Security				of (D) (Instr. 3, 4 and 5)							Following Reported Transaction(s)	(I) (Instr. 4)	
			Code	v	V (A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Employee Stock Option (Right to Buy)	\$2.62	04/11/2023	A		498,325		(2)	04/10/2033	Common Stock	498,325	\$0.00	498,325	D	

Explanation of Responses:

1. Represents shares issuable upon the vesting of restricted stock units granted pursuant to the Issuer's 2022 Inducement Plan. The RSUs are scheduled to vest in four equal annual installments.

2. 12.5% of the shares subject to the stock option will vest and become exercisable on the six-month anniversary of the grant date listed in column 3 above, and the remaining shares will vest in 42 equal monthly installments thereafter.

Remarks:

<u>/s/ Harry J. Leonhardt,</u> <u>Attorney-in-Fact</u>

<u>rney-ın-Fact</u>

** Signature of Reporting Person Date

04/12/2023

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.