FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

A / a a la i a a 4 a a	D C	20540
Vashington,	D.C.	20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number: 3235-0287 Estimated average burden										

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

1. Name and Address of Reporting Person*  BAUM CHARLES M						2. Issuer Name <b>and</b> Ticker or Trading Symbol Poseida Therapeutics, Inc. [ PSTX ]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
DIOW CHIRCLES W					-								┦ ·	X Directo	r		10% Ov	vner		
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023									Officer below)	(give title		Other (s below)	specify	
C/O POSEIDA THERAPEUTICS, INC.					4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable)								nlicable						
9390 TOWNE CENTER DRIVE SUITE 200					4. II Amendment, Date of Original Flied (Month/Day/Teal)									ine)						
															X Form filed by One Reporting Person					
(Street)	EGO C	۸	92121												Form f Persor		e thar	n One Repo	rting	
JAN DI	EGO C	A	32121			Rule 10b5-1(c) Transaction Indication														
(0:: )	(0		/ <del></del> : \		-   Nu	Rule 1005-1(c) Transaction Indication														
(City)	(S	tate)	(Zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to														
		$  \sqcup  $	satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution			Transaction Disposed C		ties Acquired (A) of (D) (Instr. 3, 4			Benefici	es	Form (D) o	Ownership orm: Direct o) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
					ľ				Code	v	Amount	Amount (A		Price	Reporte Transac (Instr. 3	d tion(s)			(Instr. 4)	
Common Stock 06/15				5/2023				A <sup>(1)</sup>		19,65	0 A \$0		\$0.00	58	58,950		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
				(e.g., p	outs, c	call	s, warr	ants	, option	s, c	onverti	ble se	curi	ities)						
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/Ye	Date,	4. Transacti Code (Ins 8)				6. Date Exercisab Expiration Date (Month/Day/Year)		Amount of		4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	O N O	lumber						
Stock Option (Right to	\$2.47	06/15/2023			A		27,350		(2)	0	6/14/2033	Commo 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

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.