FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

	tion 1(b).			Filed							ies Exchang mpany Act o		1934			Hours	perio	esponse.	0.5
Name and Address of Reporting Person* Gergen Mark J				2. Issuer Name and Ticker or Trading Symbol Poseida Therapeutics, Inc. [PSTX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Gergen Wark 5														X	Direc			10% O\	-
(Last)	(Fi	rst) (ľ	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024						X	below)			Other (specify below)			
C/O POSEIDA THERAPEUTICS, INC.				03/01/2021									Executive	Ch:	airman				
9390 TOWNE CENTER DRIVE SUITE 200				4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)								
(Street)														X	Form	filed by On	e Rep	porting Pers	on
SAN DIEGO CA 92121													Form filed by More than One Reporting Person				orting		
(City)	(St	ate) (Z	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.											nded to							
		Table	I - Non	-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or Be	enefic	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Da		ate,	3. Transaction Code (Instr						Securities For Beneficially ([Fori	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)		ce	Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 03/01/2				2024		F		34,157(1) D	\$4	1.13	13 651,291			D				
		Tal									osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Nui of Derive Secur Acqui (A) or Dispo of (D) (Instr. and 5	ative rities ired osed	Expiration D e (Month/Day/'s		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)				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		Amoun or Numbe of Shares						

Explanation of Responses:

1. Represents shares withheld by the Issuer to satisfy income tax obligations associated with the vesting of a Restricted Stock Unit Award granted to the Reporting Person on March 1, 2023.

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

03/04/2024

** 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 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.