SEC For	m 4 FORM	4		) ST/		S SF	CUR	ITIE	S ANI		ХСНА		омм	NOI22						
	FURIN	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549													OMB APPROVAL					
Section 16. Form 4 or Form 5 obligations may continue. See						AT OF CHANGES IN BENEFICIAL OWNERSHIP d 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:   3235-0287     Estimated average burden   hours per response:   0.5			
1. Name and Address of Reporting Person <sup>*</sup> Amado Rafael						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)   05/01/2023									Officer (give title Other (specify below) below)				pecify		
C/O POSEIDA THERAPEUTICS, INC. 9390 TOWNE CENTRE DRIVE, SUITE 200					4.									Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person						
(Street) SAN DIEGO CA 92121															iled by Moi	ed by More than One Reporting				
					- R	ule '	10b5-	1(c)	) Trans	act	tion Ind	ication								
(City)	(S	tate)		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.																
		Tab	ole I - Nor	n-Deriv	vativ	e Se	curities	s Ac	quired,	Dis	posed o	of, or Be	neficial	ly Owned						
1. Title of Security (Instr. 3) 2. Trans: Date (Month/I						ear) i	Execution f any	A. Deemed xecution Date, any /onth/Day/Yea		Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		Benefici Owned F	es ally <sup>-</sup> ollowing	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	t (A) or (D) Pi		Reporter Transact (Instr. 3	tion(s)			(Instr. 4)		
Common Stock 05/01						'2023		<b>A</b> <sup>(1)</sup>		39,30	0 A	<b>\$0.0</b>	\$0.00 39,3		D					
		-	Table II - I (	Deriva (e.g., p	ative outs,	Secu calls	urities s, warr	Acq ants	uired, D s, optior	)isp 1s, (	osed of, convertil	or Ben ble secu	eficially ırities)	Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Ex Expiration (Month/Da	ו Dat	e	7. Title an of Securit Underlyin Derivative (Instr. 3 a	g Security	8. Price of Derivative Security (Instr. 5)		e Own s Form illy Dire or In g (I) (II	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisat		Expiration Date	Title	Amount or Number of Shares							
Stock Option (Right to Buy)	\$2.76	05/01/2023			A		55,200		(2)		04/30/2033	Common Stock	55,200	\$0.00	55,20	0	D			

Explanation of Responses:

1. Represents shares issuable upon the vesting of restricted stock units ("RSUs") granted pursuant to the Issuer's Equity Incentive Plan. The RSUs are scheduled to vest in three successive equal annual installments following May 1, 2023.

2. The stock option will vest and become exercisable in 36 equal monthly installments following May 1, 2023.

**Remarks:** 

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

05/02/2023 Date

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.