The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete. The reader should not assume that the information is accurate and complete				
The reader should not assume that the information is accurate and complete. UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL Washington, D.C. 20549 OMB Number: 3235-00 FORM D Estimated average burden Notice of Exempt Offering of Securities hours per response: 4.				
1. Issuer's Identity				
CIK (Filer ID Number)	Previous Names	X None	Entity Type	
0001661460 Name of Issuer Poseida Therapeutics, Inc. Jurisdiction of Incorporation/Organi DELAWARE Year of Incorporation/Organization X Over Five Years Ago Within Last Five Years (Specify	zation		X Corporation Limited Partne Limited Liabili General Partr Business Trus Other (Specify	ty Company nership st
Yet to Be Formed 2. Principal Place of Business and	d Contact Information			
-	ate/Province/Country	Street Address 2 SUITE 200 ZIP/PostalCode 92121	Phone Number 0 858-779-3100	of Issuer
3. Related Persons				
Last Name Gergen Street Address 1 9390 Towne Center Drive, Suite 200 City San Diego Relationship: X Executive Officer	First Name Mark Street Address 2 State/Province/Co CALIFORNIA X Director Promoter	ountry	Middle Name J. ZIP/PostalCode 92121	
Clarification of Response (if Necess	ary):			
Last Name Mylet Street Address 1 9390 Towne Center Drive, Suite 200	First Name Johanna Street Address 2		Middle Name M.	
City San Diego Relationship: X Executive Officer	State/Province/Co CALIFORNIA Director Promoter	ountry	ZIP/PostalCode 92121	
Clarification of Response (if Necess	ary):			
Last Name Leonhardt Street Address 1 9390 Towne Center Drive, Suite 200	First Name Harry Street Address 2		Middle Name J.	
City San Diego Relationship: X Executive Officer	State/Province/Co CALIFORNIA	ountry	ZIP/PostalCode 92121	

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name	
Warner	Brent		
Street Address 1	Street Address 2		
9390 Towne Center Drive, Suite 200			
City	State/Province/Country	ZIP/PostalCode	
San Diego	CALIFORNIA	92121	
Relationship: X Executive Officer Dir	rector Promoter		
Clarification of Response (if Necessary):			
Last Name	First Name	Middle Name	
Yarema	Kristin		
Street Address 1	Street Address 2		
9390 Towne Center Drive, Suite 200			
City	State/Province/Country	ZIP/PostalCode	
San Diego	CALIFORNIA	92121	
Relationship: X Executive Officer Dir	rector Promoter		
Clarification of Response (if Necessary):			
Last Name	First Name	Middle Name	
Amado	Rafael		
Street Address 1	Street Address 2		
9390 Towne Center Drive, Suite 200			
City	State/Province/Country	ZIP/PostalCode	
San Diego	CALIFORNIA	92121	
Relationship: Executive Officer X Dir	ector Promoter		
Clarification of Response (if Necessary):			
Last Name	First Name	Middle Name	
Baum	Charles	М.	
Street Address 1	Street Address 2		
9390 Towne Center Drive, Suite 200			
City	State/Province/Country	ZIP/PostalCode	
San Diego	CALIFORNIA	92121	
Relationship: \Box Executive Officer X Dir	ector Promoter		
Clarification of Response (if Necessary):			
Last Name	First Name	Middle Name	
Collins	Cynthia		
Street Address 1	Street Address 2		
9390 Towne Center Drive, Suite 200			
City	State/Province/Country	ZIP/PostalCode	
San Diego	CALIFORNIA	92121	
Relationship: \Box Executive Officer X Dir	rector Promoter		
Clarification of Response (if Necessary):			
Last Name	First Name	Middle Name	
Corning	Luke		
Street Address 1	Street Address 2		
9390 Towne Center Drive, Suite 200			
City	State/Province/Country	ZIP/PostalCode	
San Diego	CALIFORNIA	92121	
Relationship: Executive Officer X Dir	rector Promoter		
Clarification of Response (if Necessary):			

Lloyd Street Address 1 9390 Towne Center Drive, Suite 200	Marcea Street Address 2	В.	
City San Diego	State/Province/Country CALIFORNIA	ZIP/PostalCode 92121	
Relationship: Executive Officer X Dire			
Clarification of Response (if Necessary):			
Last Name	First Name	Middle Name	
Schmid	John	Middle Name	
Street Address 1	Street Address 2		
9390 Towne Center Drive, Suite 200			
City	State/Province/Country	ZIP/PostalCode	
San Diego	CALIFORNIA	92121	
Relationship: Executive Officer X Dire	ector Promoter		
Clarification of Response (if Necessary):			
4. Industry Group			
Agriculture	Health Care	Retailing	
Banking & Financial Services	X Biotechnology		
Commercial Banking	Health Insurance	Restaurants	
Insurance	Hospitals & Physicians		
Investing			
Investment Banking	Pharmaceuticals	Telecommunications	
Pooled Investment Fund	Other Health Care	Other Technology	
Is the issuer registered as an investment company under the Investment Company Act of 1940?	Manufacturing Real Estate	Travel Airlines & Airports Lodging & Conventions	
Yes No	Construction		
Other Banking & Financial Service		Tourism & Travel Services	
Business Services		Other Travel	
Energy	Residential	Other	
Coal Mining	Other Real Estate		
Electric Utilities			
Energy Conservation			
Environmental Services			
Oil & Gas			
Other Energy			
5. Issuer Size			
Revenue Range OR	Aggregate Net Asset Va	-	
No Revenues	No Aggregate Net A	sset Value	
\$1 - \$1,000,000	\$1 - \$5,000,000		
\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,00		
\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,0	00,000	
\$25,000,001 - \$100,000,000	\$50,000,001 - \$100,000,000		
Over \$100,000,000	Over \$100,000,000		
X Decline to Disclose			
Not Applicable	Not Applicable		

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

 Rule 504 (b)(1)(i) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii) Rule 506(b) Rule 506(c) Securities Act Section 4(a)(5) 	 Section 3(c)(1) Section 3(c)(2) Section 3(c)(3) Section 3(c)(4) Section 3(c)(5) Section 3(c)(6) Section 3(c)(7) 	 Section 3(c)(9) Section 3(c)(10) Section 3(c)(11) Section 3(c)(12) Section 3(c)(13) Section 3(c)(14) 	
7. Type of Filing			
X New Notice Date of First Sale 2023-08-07 Fin	st Sale Yet to Occur		
8. Duration of Offering			
Does the Issuer intend this offering to last more than	one year? Yes X]No	
9. Type(s) of Securities Offered (select all that app	oly)		
X Equity Debt Option, Warrant or Other Right to Acquire Anothe Security to be Acquired Upon Exercise of Option, Right to Acquire Security		Pooled Investment Fund Interests Tenant-in-Common Securities Mineral Property Securities Other (describe)	
10. Business Combination Transaction			
Is this offering being made in connection with a busir merger, acquisition or exchange offer? Clarification of Response (if Necessary):	ess combination trans	action, such as a Yes X No	
11. Minimum Investment Minimum investment accepted from any outside investment	stor \$0 USD		
12. Sales Compensation			
	Desinion	CRD Number X None	
Recipient (Associated) Broker or Dealer X None		ed) Broker or Dealer CRD Number X None	
Street Address 1 City	Street Ade		ZIP/Postal Code
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	States Foreig	jn/non-US	
13. Offering and Sales Amounts			
	ndefinite		
Total Amount Sold\$24,999,999 USDTotal Remaining to be Sold\$0 USD or	ndefinite		
	ndennite		
Clarification of Response (if Necessary):			
14. Investors			
Select if securities in the offering have been or m enter the number of such non-accredited investo Regardless of whether securities in the offering h investors, enter the total number of investors whe	rs who already have ir nave been or may be s	nvested in the offering. old to persons who do not qualify as accredited	1
15. Sales Commissions & Finder's Fees Expenses	3		

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$0 USD Estimate

Finders' Fees \$0 USD Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Poseida Therapeutics, Inc.	/s/ Johanna Mylet	Johanna Mylet	Chief Financial Officer	2023-08-10

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D. States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.