FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, D.C. 2054 | 9 |
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| STATEMENT | OF | CHANGES | IN | BENEFI | CIAL | OWNE | RSHIP |
|-----------|----|----------------|----|--------|------|------|-------|
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OMB APPROVAL 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

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

| Name and Address of Reporting Person* Mylet Johanna | | | | | 2. Issuer Name and Ticker or Trading Symbol Poseida Therapeutics, Inc. [PSTX] | | | | | | | | | | (Ch | eck all appl Direct | ationship of Reportir k all applicable) Director Officer (give title | | son(s) to Iss 10% O Other (s | wner |
|---|--|--|--------------------|--------------------------------------|---|---|--|--------|-------------|---|--|-------------------|--------|---|---|-----------------------------------|---|---|---|-----------|
| | SEIDA THE | irst) ERAPEUTICS, I TRE DRIVE, S | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/15/2021 | | | | | | | | | ^ below |) " | eside | below) | · | |
| (Street) SAN DII (City) | | | 92121 (Zip) | | 4. If | | | | | | | | Lin | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tab | le I - Non | -Deriv | ative | Se | curit | ies Ad | cqui | red, I | Disp | osed o | of, or | Ben | eficial | ly Owne | t | | | |
| Dat | | | | 2. Trans Date (Month/I | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year | | e, | 3. Transaction Code (Instr. 8) | | | | | Benefic | ies For (D) Following ed ction(s) | | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | - | Code | v | Amount | | A) or D) | Price | | | Transac (Instr. 3 | | (11150.4) |
| Common | Common Stock | | | 01/15 | 5/2021 | | | | M | | 4,72 | 8 | A 5 | | 3 26 | 26,813 | | D | | |
| | | ī | able II - [| | | | | | | | | sed of onverti | | | | Owned | | , | | · |
| 1. Title of Derivative Security (Instr. 3) | tive Conversion Date Execution Date, T ty or Exercise (Month/Day/Year) if any C | | Transad Code (I | ransaction of ode (Instr. Derivative | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | | d 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transactic (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exe | e rcisable | | xpiration ate | Title | 1 | Amount or Number of Shares | | | | | |
| Stock Option (Right to Buy) | \$0.3 | 01/15/2021 | | | М | | | 4,177 | | (1) | 06 | 5/18/2025 | Comn | | 4,177 | \$0.00 | 0 | | D | |
| Stock Option (Right to Buy) | \$0.3 | 01/15/2021 | | | М | | | 551 | | (1) | 07 | 7/30/2025 | Comn | | 551 | \$0.00 | 0 | | D | |

Explanation of Responses:

1. The stock option is fully vested and exercisable.

Remarks:

/s/ Johanna Mylet, Attorney-in-01/19/2021

** Signature of Reporting Person Date

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

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.

^{*} 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).