

OMB APPROVAL	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>NOVARTIS PHARMA AG</u> (Last) (First) (Middle) <u>LICHTSTRASSE 35</u> (Street) <u>BASEL V8 4056</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Poseida Therapeutics, Inc. [PSTX]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>07/14/2020</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price				
Common Stock	07/14/2020		C		5,908,089	A	(1)	5,908,089	D ⁽²⁾		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	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					
Series C Preferred Stock	(1)	07/14/2020		C			7,367,387	(1)	(1)	Common Stock	5,908,089	(1)	0	D ⁽²⁾

1. Name and Address of Reporting Person* <u>NOVARTIS PHARMA AG</u> (Last) (First) (Middle) <u>LICHTSTRASSE 35</u> (Street) <u>BASEL V8 4056</u> (City) (State) (Zip)
1. Name and Address of Reporting Person* <u>NOVARTIS AG</u> (Last) (First) (Middle) <u>LICHTSTRASSE 35</u> (Street) <u>BASEL V8 4056</u> (City) (State) (Zip)

Explanation of Responses:

- Each share of the Issuer's Series C Preferred Stock automatically converted into 0.8019246 shares of the Issuer's common stock upon the closing of the Issuer's initial public offering. The Series C Preferred Stock had no expiration date.
- These securities are owned directly by Novartis Pharma AG, a direct, wholly-owned subsidiary of Novartis AG. Novartis AG is an indirect beneficial owner of these securities.

Novartis Pharma AG /s/ Stefan Thommen, Authorized Signatory 07/16/2020
Novartis Pharma AG /s/ Christian Rehm, Authorized Signatory 07/16/2020
Novartis AG /s/ Felix Eichhorn, Authorized Signatory 07/16/2020
Novartis AG /s/ Christian Rehm, Authorized Signatory 07/16/2020

** 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.