SEC Form 4						
FORM 4	UNITED STA					
	Washington, D.C. 20549					
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEME	OMB Number: 3235-0 Estimated average burden				
Instruction 1(b).	File	hours per resp	onse:			
1. Name and Address of Reporting Person* Gergen Mark J		2. Issuer Name and Ticker or Trading Symbol <u>Poseida Therapeutics</u> , Inc. [PSTX]	(Checł	k all applicable	eporting Persor e)	
				Director		10% Owner
(Last) (First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	X	Officer (giv below)	e title	Other (specify below)

01/02/2024

9390 TOWNE CENTER DRIVE SUITE 200			4. If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)									X	Form filed by One	Reporting Perso	on		
SAN DIEGO	CA	92121		Form filed by More than One Reportin Person							orting			
(City)	(City) (State) (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.										
		Table I - Nor	n-Derivative S	ecurities Acqu	ired,	Disp	osed of, o	r Bene	ficially (Owned				
Date			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year) 3. Transaction Code (Instr. 8)			4. Securities A Disposed Of (5. Amount of Securities Beneficially Owned Following Reported	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	Transaction(s) (Instr. 3 and 4)		(1130.4)		
Common Stock 01/02			01/02/2024		A ⁽¹⁾		125,000	A	\$ <mark>0</mark>	732,610 ⁽²⁾	D			

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

			(e.y.	, puis	s, can	s, wall	anti	s, options,	converti	Die Sect	inities)				
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. Transa Code (8)		n Derivative E		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)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Stock Option (Right to buy)	\$3.38	01/02/2024		A		172,600		(3)	01/01/2034	Common Stock	172,600	\$0	172,600	D	

Explanation of Responses:

(Last)

(First)

C/O POSEIDA THERAPEUTICS, INC.

(Middle)

1. Represents shares issuable upon the vesting of restricted stock units granted pursuant to the Issuer's Equity Incentive Plan. The RSUs are scheduled to vest 50% on each of the one-year and two-year anniversary of January 1, 2024.

2. Includes 3,000 shares acquired by the Reporting Person under the Issuer's 2020 Employee Stock Purchase Plan (the "ESPP") on March 20, 2023 and 3,000 shares acquired by the Reporting Person under the ESPP on September 20, 2023.

3. 25% of the shares subject to the stock option will vest and become exercisable on the six-month anniversary of January 1, 2024, and the remaining shares will vest in 18 equal monthly installments thereafter.

<u>/s/ Harry J.Leonhardt, Attorney</u> in-Fact	<u>- 01/04/2024</u>
** Signature of Reporting Person	Date

3235-0287

Executive Chairman

0.5

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.