FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	20540	
wasiiiigtoii,	D.C.	20549	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-0287										
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* Cline Darren S					2. Issuer Name and Ticker or Trading Symbol PLIANT THERAPEUTICS, INC. [PLRX]] (Ch	telationship eck all appli X Directo	cable)	g Pers	son(s) to Iss 10% Ow		
(Last)	(Fi	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/07/2023								Officer below)	(give title		Other (s below)	pecify
C/O PLIANT THERAPEUTICS, INC. 260 LITTLEFIELD AVENUE				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person						
(Street) SOUTH FRANCE	- C	A	94080		Rul	Rule 10b5-1(c) Transaction Indication							Form filed by More than One Reporting Person					
(City)	(Si	tate)	(Zip)			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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)				Execution Date,		Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 and		Benefici	es ally Following	Form (D) or	rm: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	Amount (A) or (D)		Transac	Transaction(s) (Instr. 3 and 4)			111501. 4)		
		Т							uired, Dis , options					Owned				
Derivative Conversion Date Execution Date, T General Conversion or Exercise (Month/Day/Year) of Execution Date, T General Conversion or Exercise (Month/Day/Year) of Execution Date, T General Conversion or Exercise (Month/Day/Year) or Exercise (Mont				ransaction of ode (Instr. Derivative			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 derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Ownership Form:	Beneficial Ownership t (Instr. 4)		
							Date Exercisable	Expiration Date		Title	Amount or Number of Shares							
Stock Option (Right to Buy)	\$23.09	06/07/2023			A		14,000		(1)	06	/07/2033	Common Stock	14,000	\$0.00	14,000		D	

Explanation of Responses:

1. 25% of the shares subject to such option vest and become exercisable on the first day of each calendar quarter for three calendar quarters following the June 7th, 2023 grant date and the remaining 25% of the shares subject to such option vest and become exercisable on the earlier of (i) the one-year anniversary of the June 7th, 2023 grant date, or (ii) the 2024 Annual Meeting of Stockholders, subject to the Reporting Person's continued service to the Issuer as a Director through each such date or, if earlier, such annual meeting.

Remarks:

/s/ Mike Ouimette, attorney-in-06/08/2023 fact

** 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.