FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

	tion 1(b).			File	d purs	suant	to Section	า 16(a) of the Se	curit	ies Exchan	ge Act of	1934	1		Hours	per res	sporise.	0.5
					or	Sect	ion 30(h) (of thè	Ínvestmen	t Cor	mpany Act	of 1940							
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Bruhn Suzanne Louise			PI	PLIANT THERAPEUTICS, INC. [PLRX]								1.		,		10% Owner			
													4		(give title		Other (s	pecify	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/16/2022									below) below)					
		RAPEUTICS, IN	C.			/ 10/2	.022												
260 LTT	ΓLEFIELD	AVENUE			1	f Am	andmont I	Data (of Original	Eilod	(Month/Da	w/Voor)		6 10	dividual or	loint/Croup	Eiling	(Check App	licable
(Street)					4.1	II AIII	enument, i	Date	oi Original	riieu	(IVIOITIII)Da	ay/ rear)		Line		ioiiii/Group	rilling	(Check Ap)	nicable
SOUTH	SAN C	٨	94080													,		orting Persor	
FRANCI	ISCO C.	A	94000												Form f Persor		e thar	n One Repor	ting
-																			
(City)	(S	tate)	(Zip)																
		Tab	le I - Non	-Deriv	ativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	ene	ficiall	y Owned				
Date			2. Transa Date	action	ction 2A. Deemed					4. Securities Acquire on Disposed Of (D) (Inst				5. Amou Securitie		Form: Direct (D) or Indirect lowing (I) (Instr. 4)	7. Nature of Indirect		
			(Month/E	Day/Year)		if any (Month/Day/Ye			Code (Instr. 5)		() ()				ollowing		nstr. 4)	Beneficial Ownership	
									Code	v	Amount	nt (A) or F		Price	Reported Transact	tion(s)		'	(Instr. 4)
					tive Securities Acquired, Disposed of, or Beneficial							(Instr. 3 and 4)							
											osed of, convertil				Owned				
1. Title of	2.	3. Transaction	3A. Deemed				5. Numl		6. Date Ex			7. Title a			8. Price of	9. Number	r of	10.	11. Nature
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any				. c	ransaction ode (Instr.		Derivative		Expiration Date of Securities (Month/Day/Year) Underlying				Derivative Security	derivative Securities		Form: Be Direct (D) Ow or Indirect (In:	of Indirect Beneficial		
(Instr. 3) Price of (Month/Day/\) Derivative (Month/Day/\))		Securities Acquired		Derivative Secu (Instr. 3 and 4)					(Instr. 5)	Beneficially Owned		·	Ownership (Instr. 4)	
	Security		(A) or Disposed								Following Reported		(I) (Instr. 4)						
							of (D) (Instr. 3, 4 and 5)								Transaction(s) (Instr. 4)	on(s)			
														mount					
									Date	Ι.	Expiration		Or No	umber					
				С	ode	v	(A)	(D)	Exercisab		Date	Title		hares					
Stock Option												Common							
(right to	\$6.8	06/16/2022			A		15,000		(1)		06/15/2032	Stock		5,000	\$0	15,000)	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 beginning October 1st 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 June 16, 2022 or (ii) the next annual meeting of the 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.

/s/ Mike Ouimette, attorney-in-06/21/2022

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** 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.