SEC Form 4	
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## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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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).
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Cummings Keith Lamont					PL	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>PLIANT THERAPEUTICS, INC.</u> [ PLRX ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last) (First) (Middle) C/O PLIANT THERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 06/09/2023										below	w) below) Chief Financial Officer				
260 LITTLEFIELD AVENUE					4. lf /	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SOUTH SAN FRANCISCO CA 94080															X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(5	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.																
		Tabl	e I - No	n-Deriv	ative	Secu	uriti	es A	cquire	ed, D	ispo	osed o	of, o	r Ben	eficia	lly Owne	d				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Exe ) if a	2A. Deemed Execution Date, f any Month/Day/Year)		Cod	Transaction Dispos			rities Acquired (A ed Of (D) (Instr. 3,			d Securit Benefic Owned	Beneficially		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Cod	de	v i	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(instr. 4)			
Common Stock 06/09/2					2023			N	м		5,800 A		\$2.0	8 15	3 154,270		D				
		Ta		Deriva (e.g., p												y Owned					
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any				4. Transac Code (Ir 8)		of Deriv Secu Acqu (A) o Disp of (D	osed )) tr. 3, 4	Expira	. Date Exercisable and xpiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	tive ties cially d ing ted action(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Expira Exercisable Date			Title	0 N 0	umber								

Explanation of Responses:

\$<mark>2.08</mark>

1. 25% of the shares subject to such option vested on December 31, 2019 and 1/48th of the shares subject to the option vested in substantially equal monthly installments thereafter, all of which were subject to the Reporting Person's continuous service to the Issuer on each such date.

(1)

5.800

Remarks:

Stock Ontion

Buy)

(Right to

/s/ Mike Ouimette, attorney-in-06/12/2023

\$<mark>0.00</mark>

127,797

D

<u>fact</u>

Commo

Stock

01/24/2029

\*\* Signature of Reporting Person Date

5,800

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).

06/09/2023

\*\* 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.

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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.