FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

nington,	D.C.	20549		

Washington, D.C. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
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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>Lefebvre Eric</u>				2. Issuer Name and Ticker or Trading Symbol PLIANT THERAPEUTICS, INC. [PLRX]								Check	tionship of Reporting Per all applicable) Director Officer (give title below) Chief Medical		ng Per	10% Ov	/ner		
(Last) (First) (Middle) C/O PLIANT THERAPEUTICS, INC.			3. Date of Earliest Transaction (Month/Day/Year) 03/30/2023									X			Other (specify below) Officer				
260 LITTLEFIELD AVENUE				4. If Amendment, Date of Original Filed (Month/Day/Year)							, I	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					··		
(Street) SOUTH SAN FRANCISCO CA 94080		0										X		filed by Moi		Ü			
(City)		ate) (Z	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	1 - 1	Non-Deriva	tive S	Secur	rities	Acc	quire	ed, Di	sposed o	f, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yes			Execution Dat		n Date	Code (Inst		ction [4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			nd 5) Secur Benet		rities Fo ficially (D ed Following Inc		m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								ode	V A	Amount	(A) or (D)	Price		Transa	action(s) 3 and 4)		4)	(111341. 4)	
Common Stock 03/30/2023					3				S		11,245	D	\$26.520	09(1)	145,786		D		
	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)	Exe if ar	Deemed cution Date, ny nth/Day/Year)	4. Transa Code (8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			Amor Secu Unde Deriv	rlying rative rity (Instr. I 4) Amount or	Deri Seci	ivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V			Date Exercisab		Expiration Date	Title	Number of Shares							

Explanation of Responses:

1. Represents a nondiscretionary sale by the plan established on behalf of the Reporting Person on July 28, 2022 in a manner intended to satisfy the requirements of Rule 10b5-1. The sale price of the Reporting Person's shares represents the weighted average of all shares sold by a broker at prices ranging from \$25.88 to \$27.235, inclusive, on March 30, 2023 and March 31, 2023 on behalf of a group of employees of the Issuer, including the Reporting Person, to satisfy the payment of withholding tax liability in connection with the vesting of previously granted performance-vested stock units. The Reporting Person undertakes to provide Pliant Therapeutics, Inc., any security holder of Pliant Therapeutics, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold on behalf of the group of employees of the Issuer at each separate price within the range set forth in footnote (1) to this Form 4.

Remarks:

/s/Mike Ouimette, attorney-in-

04/03/2023

** 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.