FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Redmile Group, LLC						2. Issuer Name and Ticker or Trading Symbol PLIANT THERAPEUTICS, INC. [PLRX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owne Officer (give title Other (spe				wner (specify	
							Date of Earliest Transaction (Month/Day/Year) 6/05/2020							below)			below)		
(Street) SAN FRANCE	isco C	A 94129					If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(City)	(\$	State)	(Zip)																
1. Title of	Security (Inst		Γable I - No		eriva			urities Ac	quired,	Dis		of, or Be		Owned 5. Amount of	of	6. Own	ership	7. Nature of	
Date (Month/L						Execution Dat pay/Year) if any		ecution Date,	Transaction Code (Instr.				tr. 3, 4 and 5)	and 5) Securities Beneficiall Owned Fol		Form: I (D) or I (I) (Inst	ndirect r. 4)	ndirect Beneficial Ownership	
								Code	v	Amount	(A) (D)	Price	Reported Transaction (Instr. 3 and	ction(s)			(Instr. 4)		
Common Stock 06/			/05/2	5/2020			С		1,910,6	57 A	(1)	1,910,657		I		See Footnote ⁽²⁾			
			Table II -					rities Acqı , warrants	,	•	,		eficially O urities)	wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	te,	Code (Instr.				6. Date Exercisab Expiration Date (Month/Day/Year)		е	7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Num derivati Securit Benefic Owned Followi Reporte	ive ies cially ing ed	10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership tt (Instr. 4)	
				[Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares		Transad (Instr. 4				
Series C Preferred Stock	(1)	06/05/2020			С			13,661,202	(1)		(1)	Common Stock	1,910,657	\$0.00	()	I	See Footnote ⁽²⁾	
	nd Address of e Group,	Reporting Person*																	
(Last) ONE LE SUITE I		(First) N DRIVE, BUIL	(Middl	le)															
(Street)																			

(Street) SAN FRANCISCO CA

1. Name and Address of Reporting Person*

(State) (Zip)

(City)

(State)

(First)

ONE LETTERMAN DRIVE, BUILDING D

Explanation of Responses:

SAN FRANCISCO CA

<u>Green Jeremy</u>

SUITE D3-300

(City)

(Last)

1. The Series C Preferred Stock converted into shares of the Issuer's common stock immediately prior to the closing of the Issuer's initial public offering on a 1-for-0.1399 basis and had no expiration date.

2. These securities are directly owned by certain private investment vehicles managed by Redmile Group, LLC ("Redmile") and may be deemed beneficially owned by Redmile as investment manager of such private investment vehicles. The reported securities may also be deemed beneficially owned by Jeremy Green as the principal of Redmile. The Reporting Persons disclaim beneficial ownership of the reported securities except to the extent of their pecuniary interest therein, and this report shall not be deemed an admission that such Reporting Persons are the beneficial owners of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

> /s/ Jeremy Green, Managing Member of Redmile Group, LLC 06/09/2020

/s/ Jeremy Green

06/09/2020

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

94129

(Zip)

(Middle)

94129

* 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.