FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Washington, D.C. 2 | 0010 |
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| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| netruction 1/h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| 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

| Name and Address of Reporting Person* Cummings Keith Lamont | | | | | 2. Issuer Name and Ticker or Trading Symbol PLIANT THERAPEUTICS, INC. [PLRX] | | | | | | | | | | ck all appli Directo Officer | cable) or (give title | ig Per | 10% Ov | vner | |
|--|--|--|--|--------|--|---|-----|-------|------|------------------------------------|---------------|---|-----------------------|-----------------------------------|--|--|---|-----------------|--|--|
| (Last) (First) (Middle) C/O PLIANT THERAPEUTICS, INC. 260 LITTLEFIELD AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/21/2020 | | | | | | | | | | below) below) Chief Financial Officer | | | | |
| (Street) SOUTH FRANCI | SCO CA | | 94080 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (Oity) | (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution [| | | ·, | 3. Transac Code (Ir 8) | ction Dispose | | rities Acquired (A) o | | or and | 5. Amou Securitie Benefici Owned F Reporte | es Formalially (D) Following (I) | | n: Direct r Indirect sstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | Code | v | Amount | (A) c (D) | Pri | e | Transact (Instr. 3 | ion(s) | | | (111541. 4) |
| Common Stock 12/21/ | | | | 1/2020 | /2020 | | | | M | | 4,500 | 4,500 A \$ | | 2.08 | 27,621 | | | D | | |
| | | Т | able II - I) | | | | | | | , | • | | , or Ber ble sec | | • | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transa Code (I 8) | | of | | Exp | Pate Exe piration I poth/Day | Date | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | of s ng e Securi | E | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | S C F IIIy O (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date | e ercisable | | xpiration ate | Title | Amou or Numb of Share | er | | | | | |
| Stock Option (right to buy) | \$2.08 | 12/21/2020 | | | M | | | 4,500 | | (1) | 0 | 1/23/2029 | Common Stock | 4,50 | 0 | \$0.00 | 190,09 | 7 | D | |

Explanation of Responses:

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

Remarks:

/s/ Mike Ouimette, attorney-in-

12/23/2020

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.