SEC For	m 4																		
Check this box if no longer subject to Section 16. Form 4 or Form 5			UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP												OMB APPROVAL OMB Number: 3235-028 Estimated average burden			3235-0287	
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 [*] Cheung Lily					2. Issuer Name and Ticker or Trading Symbol <u>PLIANT THERAPEUTICS, INC.</u> [PLRX]										elationship c eck all applic Directo	able) r	g Pers	10% Ow	ner
(Last) (First) (Middle) C/O PLIANT THERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year) A below)									(give title Other (specify below) Human Resource Officer				
260 LITTLEFIELD AVENUE					Line)										oint/Group Filing (Check Applicable				
(Street) SOUTH FRANC	· · ·	(A 94080)				Form filed by More than One Report Person										I			
,		tate)	(Zip)		Rule 10b5-1(c) Transaction Indication														
(City) (State) (Zip) 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.															to				
			le I - Nor						· · ·	Dis					-				
1. Title of Security (Instr. 3)				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (I	Transaction Dispos Code (Instr. 5)		rities Acquired (A) or d Of (D) (Instr. 3, 4 an			5. Amour Securitie Beneficia Owned F Reported	s Forr ally (D) o following (I) (I t		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership Instr. 4)
				0.1./0.0	1/22/2024				Code	v	Amount		·	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock 01/2									A	A 26,000 ⁽¹⁾ A			\$0			D			
									aired, D s, option						Ownea				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, T	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Ex Expiration (Month/Da	Date		of Securities		curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Ily I	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	ode	v	(A)	(D)	Date Exercisab		xpiration Date	Title	or Ni of	umber					
Stock Option (Right to Buy)	\$17.44	01/23/2024			Α		52,000		(3)	0	01/23/2034	Commo Stock		2,000	\$ <mark>0</mark>	52,000		D	
Explanatio	n of Respons	es:																	

1. These are restricted stock units that vest in three substantially equal annual installments beginning January 16, 2024, subject to the Reporting Person's continuous service to the Issuer on each such date.

2. Includes 795 shares of Common Stock acquired by the Reporting Person pursuant to an Employee Stock Purchase Plan program.

3. 1/48th of the shares subject to such option vest and become exercisable in substantially equal installments on each monthly anniversary of January 1, 2024, subject to the Reporting Person's continuous service to the Issuer on each such date.

Remarks:

/s/Mike Ouimette, attorney-in-01/24/2024 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.