FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	
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heck this box if no longer subject
Section 16. Form 4 or Form 5
oligations may continue. See
etruction 1(h)

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

Name and Address of Reporting Person* Lefebvre Eric						2. Issuer Name and Ticker or Trading Symbol PLIANT THERAPEUTICS, INC. [PLRX]										all app	o of Reportir licable) tor er (give title	ng Per	rson(s) to Is 10% O	wner	
(Last) (First) (Middle) C/O PLIANT THERAPEUTICS, INC. 260 LITTLEFIELD AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 03/18/2021											X Officer (greening below) Chief Medical Officer				
(Street) SOUTH SAN FRANCISCO CA 94080					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indiv Line) X	′					
(City)	(St		Zip)																		
		Table	1 - 1	Non-Deriva	tive	Secui	rities	Ac	quir	ed, D	ispo	sed o	f, or I	3enefic	ially	Own	ed				
Date				2. Transaction Date (Month/Day/Ye	2A. Deeme Execution if any (Month/Day		n Date	, 1	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an				nd 5) Secur Benef		icially d Following	Forn (D) c	m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								(Code	v	Amou	nt	(A) or (D)	Price		Transa	saction(s) r. 3 and 4)		4)	(1130.4)	
Common	Stock	03/18/202	1				S ⁽¹⁾		11,3	365	D	\$39.37	77(2)	77 ⁽²⁾ 150,715		715 D					
Common	Stock	03/18/202	21						1,1	35	D	D \$39.7		14	149,580		D				
		Tal	ble I	II - Derivati (e.g., pι												Owne	d				
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any					Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		oiration	ercisable and Date ylYear)		Amo Secu Unde Deriv	le and unt of rities erlying rative rity (Instr. I 4)	Deri Sec (Ins	rice of vative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	Code V (A)		(D)	Date Exercisal:			piration te	Title	Amount or Number of Shares							

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on November 17, 2020.
- 2. The price reported in Column 4 is a weighted-average price. These shares were sold in multiple transactions at prices ranging from \$38.72 to \$39.70, inclusive. The Reporting Person undertakes to provide to 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 at each separate price within the ranges set forth in footnote (2) to this Form 4.
- 3. The price reported in Column 4 is a weighted-average price. These shares were sold in multiple transactions at prices ranging from \$39.72 to \$39.84, inclusive. The Reporting Person undertakes to provide to 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 at each separate price within the ranges set forth in footnote (3) to this Form 4.

Remarks:

/s/ Mike Ouimette, attorney-

03/19/2021

in-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.