The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

				OMB APPROVAL
UNIT	OMB 3235-			
	Number: 0076			
	10	ORM D		Estimated average
	Notice of Exemp	t Offering of Secu	rities	burden
				hours per 4.00
				response:
1. Issuer's Identity				
CIK (Filer ID Num	ber) Previous Names	X None		Entity Type
<u>0001746473</u>			X Corporat	ion
Name of Issuer			-	Partnership
PLIANT THERAPEUTICS,	INC.			Liability Company
Jurisdiction of			General	Partnership
Incorporation/Organ	ization		Business	-
DELAWARE			Other (S	pecify)
Year of Incorporat	ion/Organization			
Over Five Years Ago				
X Within Last Five Years (Sp	pecify Year) 2015			
Yet to Be Formed				
2. Principal Place of Business	and Contact Information			
Name o	f Issuer			
PLIANT THERAPEUTICS,	INC.			
Street A	ddress 1		Street Address 2	
260 LITTLEFIELD AVENU	E			
City	State/Province/Country	ZIP/Pos	talCode Phone Nu	mber of Issuer
SOUTH SAN FRANCISCO	CALIFORNIA	94080	650-481-67	70
3. Related Persons				
Last Name	Fir	st Name	Middle N	Jame
Coulie	Bernard			
Street Address 1	Street	Address 2		
c/o Pliant Therapeutics, Inc.	260 Littlefield A	venue		
City	State/Pro	vince/Country	ZIP/Posta	lCode
South San Francisco	CALIFORNIA	U U	94080	
Relationship: X Executive C	Officer X Director Promo	ter		
Clarification of Response (if I	Necessary):			
Last Name	Fir	st Name	Middle N	Jame
Hull	Johannes			
Street Address 1		Address 2		
c/o Pliant Therapeutics, Inc.	260 Littlefield A			
City	State/Pro	vince/Country	ZIP/Posta	lCode

94080

Clarification of Response (if Necessary):

Relationship: X Executive Officer Director Promoter

CALIFORNIA

South San Francisco

Last Name	First Name	Middle Name
Lefebvre	Eric	
Street Address 1	Street Address 2	
c/o Pliant Therapeutics, Inc.	260 Littlefield Avenue	
City	State/Province/Country	ZIP/PostalCode
South San Francisco	CALIFORNIA	94080
Relationship: X Executive Office	er Director Promoter	
Clarification of Response (if Nece	ssary):	
Last Name	First Name	Middle Name
Huh	Hoyoung	
Street Address 1	Street Address 2	
c/o Pliant Therapeutics, Inc.	260 Littlefield Avenue	
City	State/Province/Country	ZIP/PostalCode
South San Francisco	CALIFORNIA	94080
Relationship: Executive Office		
Clarification of Response (if Nece		
	55ut y J.	
Last Name	First Name	Middle Name
Bruhn	Suzanne	
Street Address 1	Street Address 2	
c/o Pliant Therapeutics, Inc.	260 Littlefield Avenue	
City	State/Province/Country	ZIP/PostalCode
South San Francisco	CALIFORNIA	94080
Relationship: Executive Office	r X Director Promoter	
Clarification of Response (if Nece	ssary):	
Last Name	First Name	Middle Name
Curnutte	John	
Street Address 1	Street Address 2	
c/o Pliant Therapeutics, Inc.	260 Littlefield Avenue	
City	State/Province/Country	ZIP/PostalCode
South San Francisco	CALIFORNIA	94080
Relationship: Executive Office	r X Director Promoter	
Clarification of Response (if Nece	ssary):	
Last Name	First Name	Middle Name
Exter	Neil	
Street Address 1	Street Address 2	
c/o Pliant Therapeutics, Inc.	260 Littlefield Avenue	
City	State/Province/Country	ZIP/PostalCode
South San Francisco	CALIFORNIA	94080
Relationship: Executive Office	r X Director Promoter	
Clarification of Response (if Nece		
Last Name	First Name	Middle Name
	Charles	
Homcy Street Address 1	Street Address 2	
	Street Address 2 260 Littlefield Avenue	
c/o Pliant Therapeutics, Inc.	ζου μπτετιεία Ανεήμε	
City South San Francisco	State/Province/Country CALIFORNIA	ZIP/PostalCode 94080

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name	
Raidy	Kevin		
Street Address 1	Street Address 2		
c/o Pliant Therapeutics, Inc.	260 Littlefield Avenue		
City	State/Province/Country	ZIP/PostalCode	
South San Francisco	CALIFORNIA	94080	
Relationship: Executive Officer X Director Promoter			

Clarification of Response (if Necessary):

4. Industry Group

5.

\$25,000,001 -

\$100,000,000 Over \$100,000,000

X Decline to Disclose

Not Applicable

Agriculture Banking & Financia Commercial Bank Insurance Investing Investment Bank Pooled Investment Is the issuer regis an investment con the Investment Con Act of 1940?	king ing nt Fund tered as mpany under	Health Care X Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing Real Estate Commercial	Retailing Restaurants Technology Computers Telecommunications Other Technology Travel Airlines & Airports Lodging & Conventions
Yes		Construction REITS & Finance Residential Other Real Estate	Tourism & Travel Services Other Travel Other
. Issuer Size Revenue Range No Revenues \$1 - \$1,000,000 \$1,000,001 - \$5,000 \$5,000,001 - \$25,000,000		No Aggregate Net Ass \$1 - \$5,000,000 \$5,000,001 - \$25,000,0 \$25,000,001 - \$50,000	000

\$50,000,001 - \$100,000,000 Over \$100,000,000

Decline to Disclose Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

Rule 504(b)(1) (not (i), (ii) or (iii))

Investment Company Act Section 3(c)

Rule 504 (b)(1)(i)	Section 3(c)(1)	Section 3(c)(9)	
Rule 504 (b)(1)(ii)	Section 3(c)(2)	Section 3(c)(10)	
Rule 504 (b)(1)(iii) X Rule 506(b)	Section 3(c)(3)	Section 3(c)(11)	
Rule 506(c)	Section 3(c)(4)	Section 3(c)(12)	
Securities Act Section 4(a)(5)	Section 3(c)(5)	Section 3(c)(13)	
	Section 3(c)(6)	Section 3(c)(14)	
	Section 3(c)(7	7)		
7. Type of Filing				
X New Notice Date of First Sale 2018-07-10 Amendment	First Sale Yet to O	Occur		
8. Duration of Offering				
Does the Issuer intend this offering to last more t	han one year?	Yes X No		
9. Type(s) of Securities Offered (select all that app	ply)			
X Equity		Pooled Inv	vestment Fund Interests	
Debt	oth or Coourity		Common Securities	
Option, Warrant or Other Right to Acquire And Security to be Acquired Upon Exercise of Opti	5		roperty Securities	
Other Right to Acquire Security		Other (des	cribe)	
10. Business Combination Transaction				
Is this offering being made in connection with a back a merger, acquisition or exchange offer?	ousiness combinat	ion transact	ion, such as Yes X No	
Clarification of Response (if Necessary):				
11. Minimum Investment				
Minimum investment accepted from any outside	investor \$0 USD			
12. Sales Compensation				
Recipient	Recipi	ent CRD Nı	ımber X None	
(Associated) Broker or Dealer X None	(Assoc	ciated) Brok	er or Dealer CRD Number X Non	e
Street Address 1	Stata/D		Street Address 2	ZIP/Postal Code
City State(s) of Solicitation (select all that apply)		rovince/Cou	muy	ZIP/Postal Code
Check "All States" or check individual States	All States Fore	ign/non-US		
13. Offering and Sales Amounts				
Total Offering Amount \$62,148,314 USD or	r Indefinite			
Total Amount Sold\$0 USD				
Total Remaining to be Sold \$62,148,314 USD on	r Indefinite			
Clarification of Response (if Necessary):				
14. Investors				

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering. Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

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15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions	\$0 USD	Estimate
Finders' Fees	\$0 USD	Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
PLIANT THERAPEUTICS, INC.	/s/ Johannes Hull	Johannes Hull	Secretary	2018-07-20

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.