FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

defens	ed to satisfy the e conditions of ee Instruction 1	Rule 10b5-												
1. Name a	2. Issuer Name and Ticker or Trading Symbol PLIANT THERAPEUTICS, INC. [PLRX]							Check all ap		ng Person(s) to 10% (
(Last) C/O PLI	3. Date of Earliest Transaction (Month/Day/Year) 01/17/2025							below) Chief Human Resource Officer)``			
331 OYSTER POINT BOULEVARD (Street) SOUTH SAN FRANCISCO CA 94080				4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable ne) Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)														
		Table I	- Non-Deriva	tive Secu	rities A	cquire	ed, D	isposed o	of, or E	Benefici	ially Ow	ned		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/You			2A. Deei	2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			nd 5) Securities Beneficially Owned Follo			7. Nature of Indirect Beneficial Ownership	
	, (1. 3)		ear) if any	<i>'</i>	3. Transa Code (1 8)			(D) (Inst	r. 3, 4 and 5	5) Secu Bend Own	rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I)	of Indirect Beneficial Ownership
	, (1. 3)	Date	ear) if any	<i>'</i>	Transa Code ((A) or (D)	r. 3, 4 and 5	5) Secu Bend Own Repo	rities eficially	Form: Direct (D) or	of Indirect Beneficial
Common			Date	ear) if any (Month/I	<i>'</i>	Transa Code (8)	Instr.	Disposed Of	(A) or	· 	5) Sect Bend Own Repo Tran (Inst	rities eficially ed Following orted saction(s)	Form: Direct (D) or Indirect (I)	of Indirect Beneficial Ownership
			Date (Month/Day/Ye	ear) if any (Month/I	Day/Year)	Code (8) Code S	v V	Amount 3,740 sposed of	(A) or (D)	Price \$11.201	Section Sectio	urities officially ed Following orted saction(s) r. 3 and 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership

Explanation of Responses:

1. Represents a nondiscretionary sale by the plan on behalf of the Reporting Person in a manner intended to satisfy the requirements of Rule 10b5-1. The sale price of the Reporting Person's shares represents the weighted average of all shares sold by a broker at prices ranging from \$11.03 to \$11.695, inclusive, on January 17, 2025 and January 21, 2025 on behalf of a group of employees of the Issuer, including the Reporting Person, to satisfy the payment of withholding tax liability in connection with the vesting of previously granted restricted stock units. The Reporting Person undertakes to provide 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 on behalf of the group of employees of the Issuer at each separate price within the range set forth in footnote (1) to this Form 4.

Date

(Instr. 3. 4

and 5)

(A) (D)

٧

Code

2. Includes 1,495 shares of Common Stock acquired by the Reporting Person pursuant to an Employee Stock Purchase Plan program.

Remarks:

/s/ Mike Ouimette, attorneyin-fact

Amount Number

Title

01/22/2025

(Instr. 4)

** Signature of Reporting Person

Expiration

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.