## FORM 4

contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

**OMB APPROVAL** 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 Check this box to indicate that a transaction was made pursuant to a

defens	ed to satisfy the e conditions of ee Instruction 1	Rule 10b5-																		
Name and Address of Reporting Person*     Cummings Keith Lamont						2. Issuer Name and Ticker or Trading Symbol PLIANT THERAPEUTICS, INC. [ PLRX ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Cummings Kettii Lamont</u>															Office			10% Ov		
(Last) (First) (Middle) C/O PLIANT THERAPEUTICS, INC. 331 OYSTER POINT BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 01/17/2025									Officer (give title Other (specify below)  Chief Financial Officer					
(Street) SOUTH SAN FRANCISCO CA 94080						4. If Amendment, Date of Original Filed (Month/Day/Year)									dividual or Joint/Group Filing (Check Applicable )  Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ate) (2	Zip)																	
		Table	l - N	Non-Deriva	tive	Secu	rities	Ac	quire	ed, Di	sposed o	f, or l	Benefic	ially	Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye					Execution (ear)		on Date, Con Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			d 5) Securi Benefi Owned		ities Fricially (I d Following In		m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership	
									Code	v ,	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		action(s)	(Instr. 4)		(Instr. 4)	
Common Stock 01/				01/17/202	25		S		S		20,148	D	\$11.20	11(1)	262,608(2)			D		
		Та	ble I	II - Derivati (e.g., pu							oosed of, convertil				wne	d				
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	Execution Dat		4. Transaction Code (Instr. 8)		5. Number of Derivativ Securitie Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exp	ate Exer iration I nth/Day		Amo Secu Unde Deriv	Amount	Deri	Price of ivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	V	(A)	(D)	Date	ate Expiration of										

## **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.

2. Includes 641 shares of Common Stock acquired by the Reporting Person pursuant to an Employee Stock Purchase Plan program.

## Remarks:

/s/ Mike Ouimette, attorneyin-fact

01/22/2025

\*\* 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.