SEC For				OTAT		• • • •				EVOL								
FORM 4 UNITE				D STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549												OMB APPROVAL		
Section 16. Form 4 or Form 5 obligations may continue. See					NT OF CHANGES IN BENEFICIAL OWNERSHIP										OMB Number: 3235-0287 Estimated average burden hours per response: 0.5			
1. Name and Address of Reporting Person [*] <u>van Es-Johansson An</u>					2. Issuer Name and Ticker or Trading Symbol <u>PLUS THERAPEUTICS, INC.</u> [PSTV]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last)	, , , , , , , , , , , , , , , , , , , ,					3. Date of Earliest Transaction (Month/Day/Year) Officer (02/22/2024 below)									(give title	(give title Other (specify below)		
C/O PLUS THERAPEUTICS INC. 4200 MARATHON BOULEVARD, SUITE 200													6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street)	T.	X	78756											Form f Persor	filed by Mor	e than	One Repor	ting
(City)	(S	tate)	(Zip)	,	 Rule 10b5-1(c) Transaction Indication 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. 													
			le I - Non-											<u> </u>				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					ar) E	2A. Deemed Execution Date f any Month/Day/Yea		Code (In:	ion Dispo	urities A sed Of (rities Acquired (A) d ed Of (D) (Instr. 3, 4		Benefici Owned F	es ally Following	Form: (D) or	orm: Direct D) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code \	/ Amou	nt	(A) or (D) Pri		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
		T	able II - D (e						luired, Dis s, options					Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transactior Code (Instr 8)				6. Date Exer Expiration D (Month/Day/	ate	Amount of) Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly [10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	code	v	(A)	(D)	Date Exercisable	Expiratio Date	n Title	e	Amount or Number of Shares					
Stock Option (Right to Buy)	\$2.03	02/22/2024			Α		2,250		(1)	02/22/203		nmon tock	2,250	\$0.00	2,250		D	

Explanation of Responses:

1. The options vest monthly over 12 months from the Grant Date in substantially equal monthly installments, provided that the options vest in full on the Issuer's next regularly scheduled annual meeting of stockholders that occurs following the Grant Date, subject to the Reporting Person's continued service to the Issuer through each applicable vesting date or, if earlier, such annual meeting.

<u>/s/ Andrew Sims, attorney-in-</u> fact	<u>02/26/2024</u>		
** 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.