FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

A / a a la i sa aut a sa	D C	205 40
Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	ROVAL
OMB Number:	3235-0287
Estimated average bu	ırden
hours per response:	0.5

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

	don ±(b).										Company A				+					1
	nd Address of	Reporting Person*									g Symbol , <u>INC.</u>		STV]	(Ch	Relationship eck all appli	cable)	ng Pers	()	
LCIIII I	ODCIT I				.										X Directo			10% Owner		
(Last) (First) (Middle) C/O PLUS THERAPEUTICS INC.						3. Date of Earliest Transaction (Month/Day/Year) 05/25/2021										Officer (give title Other (s below) below)				specify
			CLUTTE	00																
4200 M <i>F</i>	ARAIHUN	BOULEVARD,	SUITE 2	00	4. If	Amer	ndment,	Date	of Oriç	ginal Fi	led (Montl	n/Da	y/Year)		ndividual or	Joint/Group	p Filing	(Check Ap	plicable
Street)															Line	,	ilad bu On	- D	autina Davas	_
AUSTIN	T T2	X	78756														iled by Mo		orting Perso n One Repo	
(City)	(S	tate)	(Zip)																	
		Tab	le I - Noi	n-Deriv	ative	Sec	uritie	s Ac	cquire	ed, D	ispose	d of	f, or	Bene	ficial	ly Owned	k			
L. Title of Security (Instr. 3) 2. Transc Date (Month/D				Execution Date,				Transaction Disposed Code (Instr. 5)			rities Acquired (A) ed Of (D) (Instr. 3, 4			Benefici	es ally Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Co	Code V An		unt	nt (A) or (D)		Price	Transac (Instr. 3	ction(s)			(111501.4)	
		T	able II -								posed , conve					Owned				
L. 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. Transaction Code (Instr. 8)		of		6. Dat Expira (Mont			7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			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)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date		Title	or No of	umber					

Explanation of Responses:

\$2.25

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.

(1)

Remarks:

Stock Option

Buy)

(Right to

/s/ Andrew Sims, attorney-in-

6,336

\$0.00

6,336

05/27/2021

D

05/25/2031

Common

Stock

** 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).

05/25/2021

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

6,336

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.