FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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Washington	D C 2054	0	

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								

0.5

hours per response:

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

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

	ee Instruction 1																		
Name and Address of Reporting Person* Clowes Howard				2. Issuer Name and Ticker or Trading Symbol PLUS THERAPEUTICS, INC. [PSTV]								(Checl	call app	ionship of Reporting Person(s) to Issuer all applicable)					
Clowes Howard														1	Direc			10% Ov	
(Last) (First) (Middle) C/O PLUS THERAPEUTICS INC.					3. Date of Earliest Transaction (Month/Day/Year) 09/11/2024										Officer (give title below)		Other (specify below)		
4200 MARATHON BOULEVARD, SUITE 200				4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														1	Form	filed by One	e Repo	orting Perso	on
AUSTIN	AUSTIN TX 78756													Form filed by More than One Reporting Person					orting
(City)	(Sta	ate) (Z	Zip)																
		Table	I - No	n-Deriva	tive	Secu	rities	Acq	uired	, Dis	posed of	, or B	enefi	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				Execution Date,		ate,			s Acquired (A) or of (D) (Instr. 3, 4 an		and Securit Benefit Owned		ties cially I Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) o (D)	r Pric	е	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 09/11/20					024		P		5,000	A	\$1.	3362	26,497		D				
		Tal	ole II -								osed of, convertib				Owne	d			
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)	4. Transa Code (8)			vative prities priced r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price o Derivative Security (Instr. 5)				10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)
						v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amour or Number of Shares	er					

Explanation of Responses:

/s/ Andrew Sims, attorney-in-

** Signature of Reporting Person

09/13/2024 fact

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.