FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Wash	ington,	D.C.	20549	

STATEMENT	OF C	HANCES	INI DENI	ELICIVI	OWNED	CLUD
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OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
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).

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

1. Name and Address of Reporting Person* HEDRICK MARC H				2. Issuer Name and Ticker or Trading Symbol PLUS THERAPEUTICS, INC. [PSTV]							(Che	elationship eck all app C Direct	,						
(Last) (First) (Middle) C/O PLUS THERAPEUTICS INC.					3. Date of Earliest Transaction (Month/Day/Year) 03/04/2021							7	below	Officer (give title below) Chief Executi		Other (specify below)			
4200 MA	ARATHON	BOULEVARD,	SUITE	200															
(Street) AUSTIN TX 78756					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(Sta	ate) (Z	Zip)												Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date					Execution Date,				es Acquired (A) Of (D) (Instr. 3, 4			Benefic	ties For cially (D) I Following (I) (Direct ndirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	unt (A) or (D)		Price	Transa	action(s) 3 and 4)			(111511.4)	
Common	Stock			03/04/	2021			P		2,500	A S		\$2.5	5 16,397		I)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		str.	. Price of lerivative decurity nstr. 5)	ve derivative Securities). wnership orm: irect (D) · Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	Code V (A) (D)		(D)	Date Exercisa	able	Expiration Date	or Numb							

Explanation of Responses:

Remarks:

/s/ Andrew Sims, as attorneyin-fact

03/05/2021

** Signature of Reporting Person

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.