FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average	burden									
-	hours nor resnance	. 05									

Instruc	tion 1(b).			Filed							ies Exchang mpany Act o			34		liouis	per respo		0.5
Name and Address of Reporting Person* Lenk Robert P					2. Issuer Name and Ticker or Trading Symbol PLUS THERAPEUTICS, INC. [PSTV]							(Che	elationship ck all app	,	ng Persor	n(s) to Is			
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 11/08/2023								Office below	er (give title v)		Other (s	specify		
C/O PLUS THERAPEUTICS INC. 4200 MARATHON BOULEVARD, SUITE 200					4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicabline) X Form filed by One Reporting Person							
(Street) AUSTIN TX 78756														Form filed by More than One Reporting Person				orting	
(City)	(St	ate) (Z	Ľip)		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.										nded to				
		Table	I - No	n-Deriva	tive S	ecur	ities	Acq	juired,	Dis	posed of	, or E	3ene	eficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,		Date,			Disposed C	ies Acquired (A Of (D) (Instr. 3,			Securi Benefi Owned	cially I Following	6. Owne Form: D (D) or In (I) (Instr	oirect idirect . 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	mount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 11/08/				11/08/2	2023		P		5,000	A	. !	\$1.65 ⁽¹	1	12,961					
Common Stock 11/09/2				2023)23		P		4,199	A \$		\$1.59 ⁽²	2) 1	17,160					
		Tal	ole II -								osed of, convertib				Owne	d			
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	te Executi		4. Transa Code (1 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirat (Month)	ion Da		7. Title ar Amount of Securities Underlyin Derivative Security (3 and 4)		f S	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dir or I (I) (nership	Beneficial Ownership (Instr. 4)
					1					Amo	ount		I			I			

Explanation of Responses:

1. The price reported in column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$1.62 to \$1.70 per share. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.

(D)

Date

Exercisable

Expiration

Title

2. The price reported in column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$1.49 to \$1.59 per share. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.

Remarks:

Andrew Sims, as attorney-in-** Signature of Reporting Person

Shares

11/13/2023

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).

Code

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.