Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

| OMB APPROVAL | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: 0 | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 5. Relationship of Reporting Person(s) to Issuer 2. Issuer Name and Ticker or Trading Symbol 1. Name and Address of Reporting Person* (Check all applicable) PLUS THERAPEUTICS, INC. [PSTV] **HEDRICK MARC H** Director 10% Owner Officer (give title Other (specify below) below) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) (Last) **Chief Executive Officer** 08/12/2020 C/O PLUS THERAPEUTICS INC. 4200 MARATHON BOULEVARD, SUITE 200 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) (Street) X Form filed by One Reporting Person 78756 **AUSTIN** TXForm filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2A. Deemed Execution Date, 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5. Amount of Securities Beneficially 6. Ownership Form: Direct 1. Title of Security (Instr. 3) 2. Transaction 7. Nature Date (Month/Day/Year) of Indirect Beneficial Transaction (D) or Indirect if any Code (Instr. 5) Ownership Owned Following Reported (Month/Day/Year) 8) (I) (Instr. 4) (Instr. 4) (A) or (D) Transaction(s) (Instr. 3 and 4) Code Amount Price Common Stock 08/12/2020 P 4,000 Α \$2.5796 9,167 D

| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | 5. Number of | | rative rities pired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

Remarks:

/s/ Andrew Sims, as attorney-

08/13/2020

in-fact

** 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.