## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

	Washingto		
<b>STATEMENT</b>	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPRO	DVAL				
OMB Number:	3235-0287				
Estimated average burd	len				
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).

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 defense conditions of Rule 10b5-1(c).

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

366 1118	struction 10.																			
Name and Address of Reporting Person*     van Es-Johansson An				2. Issuer Name and Ticker or Trading Symbol PLUS THERAPEUTICS, INC. [ PSTV ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
van Es Johansson III														1	Directo	or		10% O	vner	
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 09/11/2024								Officer below)	(give title		Other ( below)	specify				
C/O PLUS THERAPEUTICS INC.				09/1	11/2	024														
4200 MARATHON BOULEVARD, SUITE 200																				
4200 MARATHON BOULEVARD, SUITE 200				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable								
(Ctroot)															Line)  Form filed by One Reporting Person					
(Street) AUSTIN	Т.	·	70756											1		,		J		
AUSTIN	12		78756											Form filed by More than One Reporting Person						
(City)	(St	ate) (	(Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			Execution Date,			Code (Instr. 5)						es ally	Form:		7. Nature of Indirect Beneficial Ownership					
						Code	v	Amount	(A) or Pr		ce	Reported Transact (Instr. 3	tion(s)		(Instr. 4)					
		_												,			J.			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
			(е	.g., pu	its, c	Jan	s, warr	anıs	s, option	S, C	onveru	Die Sect	ınııe	s) —						
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		ate, Ti	ransaction of Deriva		tive ties ed	Expiration Date (Month/Day/Year		Amount of		f g Secur			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				С	ode	v	(A)	(D)	Date Exercisabl	e E	xpiration ate	Title	Amou or Numb of Share	oer						
Stock Option (Right to Buy)	\$1.26	09/11/2024			A		3,650		(1)	0	9/11/2034	Common Stock	3,65	50	\$0.00	3,650		D		

## **Explanation of Responses:**

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.

> /s/ Andrew Sims, attorney-infact

\*\* Signature of Reporting Person

Date

09/12/2024

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.