FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 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).

| | | | | | or Sect | ion 30(h) of the | Ínve | estmen | t Com | pany Act | of 19 | 940 | | | | | | |
|--|--|---------|---|--|--|-------------------------------------|------|---|-------|---|--|-------------|--|---------------------------------------|-----------------------------------|---|------|--|
| Name and Address of Reporting Person* Lenk Robert P | | | | 2. Issuer Name and Ticker or Trading Symbol PLUS THERAPEUTICS, INC. [PSTV] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| | | | | | | | | | | | | _ : | X Directo | or | | 10% O | wner | |
| (Last) (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/22/2024 | | | | | | | Officer below) | (give title | | Other (below) | specify | | | |
| C/O PLUS THERAPEUTICS INC. | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| 4200 MARATHON BOULEVARD, SUITE 200 | | | | | | | | | | | | , | orting Perso | n l | | | | |
| (Street) AUSTIN TX 78756 | | | | | | | | | | | | Form | Form filed by More than One Reporting Person | | | | | |
| | | | | | Rule | 10b5-1(c |) Tı | rans | acti | on Inc | dica | ition | , | | | | | |
| (City) | (Si | tate) (| (Zip) | | 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. | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriva | ative Se | ecurities Ac | qui | ired, | Disp | osed o | of, o | r Ben | eficial | ly Owned | i | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | Transaction Dispose Code (Instr. 5) | | | | Acquired (D) (Instr. | | | es ally Following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | Code | v | Amount | | (A) or (D) | Price | Transac | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| | | Т | | | | urities Acq | | | | | | | | Owned | | | | |
| | | | | (e.g., pı | uts, cai | ls, warrants | s, o | ption | ıs, c | onverti | ble | secur | ities) | | | | | |
| 1. Title of Derivative Security (Instr. 3) | e Conversion Date Execution Date, Tran | | Transaction Code (Instr | | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title at Amount Securitie Underlyi Derivativ (Instr. 3 a | | | ount of urities derlying ivative S | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

\$2.03

Stock Option (Right to

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.

Date Exercisable

(1)

/s/ Andrew Sims, attorney-in-

or Number

of Shares

2,250

\$0.00

fact

Title

Stock

Expiration Date

02/22/2034

** Signature of Reporting Person

Date

Transaction(s) (Instr. 4)

2,250

02/26/2024

D

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).

02/22/2024

** 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.

of (D) (Instr. 3, 4 and 5)

(A)

2,250

(D)