FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

| Washington, D.C. 20049 | | | | | | | | |
|--|-------|--|--|--|--|--|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB N | | | | | | | |

| 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

| Name and Address of Reporting Person* Mazzo David J | | | | | | 2. Issuer Name and Ticker or Trading Symbol LISATA THERAPEUTICS, INC. [LSTA] | | | | | | | | | heck all app | ationship of Reporting Pe k all applicable) Director Officer (give title below) Chief Executive | | 10% Ov | ner |
|---|---|---|----------|--------------------------------------|--|--|--|------------|--|----------|--|--------------------|-----------------------|---|--|---|--|--|-----|
| (Last) C/O LISA 110 ALL | 3. Date of Earliest Transaction (Month/Day/Year) 01/11/2023 | | | | | | | | | | A belov | Other (s below) | вреспу | | | | | | |
| (Street) BASKIN RIDGE | IG _N J | 0 | 7920 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Lir | ie) X Form Form | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | | Zip) | n-Deriva | tive 9 | Secui | ritios | Δca | uired | Die | posed of | orl | Bone | afici: | ally Own | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | tion 2A. Deemed Execution Date, | | | d Date, | 3. 4. Securitie | | es Acquired (A) Of (D) (Instr. 3, 4 | | (A) or | 5. Amo Securit Benefic Owned Report Transa | ount of 6. ities Ficially (E | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock 01/11/2 | | | | | | 2023 | | F | | 1,030(1) |] | D | \$3. | 2 96 | 96,940(2) | | 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 Onte (Month/Day/Year) Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year) | | on Date, | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) of Dispo of (D) (Instr | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | nstr. | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Shares withheld as payment of a tax liability on vesting of restricted stock.
- 2. Includes 61,116 unvested restricted stock.

Remarks:

James Nisco, Attorney-in-Fact for David J. Mazzo 01/12/2023

** 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.