FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

OMB APPROVAL								
OMB Number:	3235-0287							
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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
securities of the issuer that is intended to satisfy the affirmative
defense conditions of Rule 10b5-
1(a) Can Instruction 10

	e conditions of ee Instruction 1																		
Name and Address of Reporting Person* Mazzo David J				2. Issuer Name and Ticker or Trading Symbol LISATA THERAPEUTICS, INC. [LSTA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Mazzo	<u>Mazzo David J</u>													N.	_			10% Ov	
(1	(Fi-		Aiddla\		_										Offic below	er (give title		Other (s	specify
(Last) (First) (Middle) C/O LISATA THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024										Presider	nt & (, ,		
		, 2ND FLOOR	C .																
	ELVICID	, 2110120011			<u> </u>									-					
(Street)					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. In Line		ividual or Joint/Group Filing (Check Applicable				
BASKIN	IG NJ	0	7920											N.	Form	filed by On	e Rep	orting Perso	on
RIDGE															Form Pers	n filed by Mo on	re tha	n One Repo	orting
(City)	(St	ate) (Ž	Z ip)																
		Table	I - No	n-Deriva	tive S	ecui	rities	Acq	uired,	Dis	posed of	f, o	r Ben	eficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Execution Date		,	3. Transa Code (8)		n Disposed Of (I		s Acquired (A) or f (D) (Instr. 3, 4 an		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount		(A) or (D)	Price	Transa	Transaction(s) (Instr. 3 and 4)			(111511. 4)
Common Stock			10/01/2	2024				A		58,000 ⁽¹⁾		Α	\$2.93	93 238,798(2)			D		
Common Stock 10/01/2				2024			F		26,964 ⁽³⁾ D		\$2.93	21	211,834(2)		D				
		Tal	ole II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transac Code (I 8)		5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr.: and 5)	itive ities red sed 3, 4	6. Date Expirat (Month	ion Da		Ai Se Ui De Se	Title and mount of ecurities nderlying erivative ecurity (I and 4)	f S g (l	Price of erivative ecurity nstr. 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)
	1					1					1	Am	ount		I	- 1		I	

Explanation of Responses:

- 1. Reflects 58,000 in performance-based stock units, the criteria for which was satisfied on October 1, 2024 and which vested in full on that same day.
- 2. Includes 107,183 unvested restricted stock.
- 3. Shares withheld as payment of a tax liability on vesting of performance-based stock units.

Remarks:

James Nisco, Attorney-in-Fact 10/02/2024 for David J. Mazzo

or Number

** 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.