FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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OMB APF	PROVAL
OMB Number:	3235-0287
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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-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1(0). 00	e mstruction i	·.																	
1. Name and Address of Reporting Person* <u>KLOSK STEVEN M</u>				2. Issuer Name and Ticker or Trading Symbol LISATA THERAPEUTICS, INC. [LSTA]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
												Direct	tor		10% Ov	vner			
											-	Office below	er (give title		Other (s	specify			
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 01/09/2025								Delow	')		below)			
C/O LISATA THERAPEUTICS, INC.					01/09/2023														
110 ALLEN ROAD, 2ND FLOOR																			
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable							
(Street)														Line	,				
BASKIN	G ,,,		7020													,		orting Perso	
RIDGE	NJ	0	7920											Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Zip)																
					<u> </u>									<u> </u>					
		Table	I - Noi	n-Deriva	tive S	Secui	rities	Acq	uired,	, Dis	posed of	, or I	Bene	ficial	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execu ay/Year) if any		Deemed cution Date, y nth/Day/Year)					s Acquired (A) of of (D) (Instr. 3, 4			Benefic Owned	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A (D) or F	Price		ed ction(s) 3 and 4)			(Instr. 4)
Common Stock 01/09/2					2025		A		15,789 ⁽¹) .	A \$0		65,359(2)			D			
		Tal									osed of, o				/ Owned	t	,		
4 714 5	•	0. Turning attention		` 					•						Dulas at	0 November	- 6	40	44 Notions
1. Title of Derivative Security (Instr. 3)	titive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		on Date,	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) or Dispo of (D) (Instr	of Expi		Date Exercisable and xpiration Date lonth/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price o Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersi Form: Direct (E or Indire (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	per					

Explanation of Responses:

- 1. Represents 15,789 restricted stock units granted under the Issuer's 2018 Equity Incentive Compensation Plan which will vest on January 9, 2026.
- 2. Includes 15,789 unvested restricted stock units

Remarks:

James Nisco, Attorney-in-Fact 01/13/2025 for Steven M. Klosk

** 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.