FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## 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)

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. Name and Address of Reporting Person*  Buck Kristen K  (Last) (First) (Middle)  |  |            |             |                                |           | 2. Issuer Name and Ticker or Trading Symbol LISATA THERAPEUTICS, INC. [ LSTA ]  3. Date of Earliest Transaction (Month/Day/Year) 01/09/2024   |         |              |  |        |                            |   | (Che                                   | Relationship of Reporting heck all applicable)  Director  X Officer (give title below)  EVP. R&D |  |               | 10% Ov<br>Other (s<br>below)                                   | vner                                  |  |
|--|--|------------|-------------|--------------------------------|-----------|---|---------|--------------|--|--------|----------------------------|---|--|--|--|---------------|--|---------------------------------------|--|
| C/O LISATA THERAPEUTICS, INC. 110 ALLEN ROAD, 2ND FLOOR  |  |            |             |                                | 4.1       | If Amendment, Date of Original Filed (Month/Day/Year)   |         |              |  |        |                            |   | Line                                   | 6. Individual or Joint/Group Filing (Check Applicable Line)                                      |  |               |  |                                       |  |
| (Street) BASKIN RIDGE  | G N  | NJ 07920   |             |                                |           | X Form filed by One Reporting Pour Form filed by More than One Reperson   |         |              |  |        |                            |   |  |  |  |               | •  | - 1                                   |  |
| (City)   | (S   | tate)      | (Zip)       |                                |           | Rule 10b5-1(c) Transaction Indication  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. |         |              |  |        |                            |   |  |  |  |               |  |                                       |  |
|  |  | Tal        | ole I - Noi | n-Deriv                        | vativ     | e Se  | curitie | s Ac         | quired,  | Dis    | posed o                    | f, or Ber   | neficiall                              | y Owned  |  |               |  |                                       |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D   |  |            |             |                                | Execution |   |         | Code (Instr. |  |        | es Acquire<br>Of (D) (Inst |   | Beneficia<br>Owned F                   | s<br>ally<br>ollowing  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  |               | 7. Nature of Indirect Beneficial Ownership                     |                                       |  |
|  |  |            |             |                                |           |   |         |              | Code   | v      | Amount                     | (A) or<br>(D)   | Price                                  | Reported<br>Transact<br>(Instr. 3 a  | ion(s)   |               |  | (Instr. 4)                            |  |
| Common Stock 01/09/  |  |            |             |                                |           | /2024   |         |              | A  |        | 27,000                     | (1) A   | \$0                                    | 59,9   | 915(2)   |               | D  |                                       |  |
| Common Stock 01/09   |  |            |             |                                | 9/202     | /2024   |         |              | F  |        | 3,221                      | B) D  | \$3.08                                 | 56,6   | 694(2)   |               | D  |                                       |  |
| Common Stock 01/09/  |  |            |             |                                | 9/202     | /2024   |         |              | F  |        | 2,147                      | 3) D  | \$3.08                                 | 54,5   | 547(2)   |               | D  |                                       |  |
| Common Stock 01/10/  |  |            |             | 0/202                          | /2024     |   |         | F            |  | 512(3) | D                          | \$3   | 54,0                                   | 035(4)   |  | D             |  |                                       |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |            |             |                                |           |   |         |              |  |        |                            |   |  |  |  |               |  |                                       |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | rivative Conversion Date Execution or Exercise (Month/Day/Year) if any |            |             | Date, Transaction Code (Instr. |           |   |         |              | 6. Date Exercisa<br>Expiration Date<br>(Month/Day/Year |        |                            | 7. Title and Amount<br>of Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)  | 9. Numbe<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | e<br>s<br>lly | Ownershi<br>Form:<br>Direct (D)<br>or Indirec<br>(I) (Instr. 4 | Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |  |            |             |                                | Code      | v   | (A)     |              | Date<br>Exercisab                                      |        | Expiration<br>Date         | Title   | Amount<br>or<br>Number<br>of<br>Shares |  |  |               |  |                                       |  |
| Stock<br>Option<br>(Right to<br>Buy)   | \$3.08   | 01/09/2024 |             |                                | A         |   | 14,000  |              | 01/09/2024 <sup>(5)</sup> 01/09/2034 Common Stock 14   |        | 14,000                     | \$0   | 14,000                                 | 0  | D  |               |  |                                       |  |

## **Explanation of Responses:**

- 1. Represents 27,000 restricted stock awards granted under the Issuer's 2018 Equity Incentive Compensation Plan. The restricted stock awards vest in four equal installments, with one-fourth of the shares vesting on the date of grant and an additional one-fourth vesting on each of the first, second and third annual anniversaries of the grant date.
- 2. Includes 31.400 unvested restricted stock
- 3. Shares withheld as payment of a tax liability on vesting of restricted stock.
- 4. Includes 30,325 unvested restricted stock.
- 5. One-fourth of the shares underlying the stock options vest immediately on the grant date, with an additional one-fourth vesting on each of the first, second and third anniversaries of the grant date.

## Remarks:

James Nisco, Attorney-in-Fact for Kristen K. Buck

01/11/2024

\*\* 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.