| SEC Form 4 | |
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FORM 4

| UNITED STATES SECURITIES AND EXCHANG | E COMMISSION |
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Washington, D.C. 20549

OMB APPROVAL

Estimated average burden

3235-0287

0.5

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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). | |
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|) | to Section 16. Form 4 or Form 5 obligations may continue. See | |

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

| | | | or Section So(n) of the Investment Company Act of 1940 | | | | |
|--|---------|------------|---|------------------------|---|-----------------------|--|
| | | | 2. Issuer Name and Ticker or Trading Symbol <u>LISATA THERAPEUTICS, INC.</u> [LSTA] | | ationship of Reporting Person(s) to Issuer k all applicable) Director 10% Owner | | |
| (Last) (First) (Middle) C/O LISATA THERAPEUTICS, INC. 110 ALLEN ROAD, 2ND FLOOR (Street) BASKING | | (<i>'</i> | 3. Date of Earliest Transaction (Month/Day/Year) 01/09/2024 | | Officer (give title below) | Other (specify below) | |
| | | · | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | | | |
| | | | | | n One Reporting | | |
| RIDGE | NJ | 07920 | Rule 10b5-1(c) Transaction Indication | | | | |
| (City) | (State) | (Zip) | Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In | | | n that is intended to | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | Securities Beneficially | Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|---|---|-----------|---------------|-------------------|------------------------------------|---------------------------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (11150. 4) |
| Common Stock | 01/09/2024 | | A | | 19,480(1) | Α | \$ <mark>0</mark> | 39,480 ⁽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 or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|------|-----|--|--------------------|---|--|---|--|--------------------|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Represents 19,480 restricted stock units granted under the Issuer's 2018 Equity Incentive Compensation Plan which will vest on January 9, 2025.

2. Includes 19,480 unvested restricted stock units.

Remarks:

James Nisco, Attorney-in-fact for Heidi Henson 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.