FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL					
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

Investment Company Act of 1940

	pe Response	,												
Name and Address of Reporting Person * Dickinson Klara			2. Issuer Name and Ticker or Trading Symbol CymaBay Therapeutics, Inc. [CBAY]				5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) Other (specify below) SVP, Regulatory Affairs & QA 6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
7999 GATEWAY BOULEVARD, SUITE 130			3. Date of Earliest Transaction (Month/Day/Year) 06/28/2017											
(Street) NEWARK, CA 94560			4. If Amendment, Date Original Filed(Month/Day/Year)											
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acq				s Acquire	uired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	any	n Date, if		(4	Securities Acca. A) or Disposed Instr. 3, 4 and 5	of (D) Ov	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		d C	Ownership or Form:	eneficial	
				(Month/	Day/Year)	Cod	e V A	(A) or (D)	Price			Orrect (D) Ownership (Instr. 4) (Instr. 4)		
Kemmaer.	report on a	separate line for eac	ii class of securities	ocheneia	ny owned	ancerry								
							contair form di	s who responed in this for splays a curronsed of, or Bennyertible securions.	m are no ently val	ot required lid OMB co	to respon	d unless the		474 (9-02)
	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transacti Code	5. Num Deriva Securi	nber of tive ties red (A) posed	contair form di ired, Dispo options, co	ned in this for splays a currence osed of, or Ben nvertible secure ercisable and Date	ently value of the control of the co	ot required lid OMB co Owned and Amount rlying es	to respon ntrol num	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Nature of Indirect Beneficial Ownershij (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transacti Code	5. Nun On Deriva Securi Acquii or Disj of (D) (Instr.	hber of tive ties red (A) posed 3, 4,	contair form di ired, Dispo options, co 6. Date Ex Expiration	ned in this for splays a currence of or Ben nvertible secure recisable and Date ay/Year)	rm are not rently value ficially Crities) 7. Title a of Under Securities	ot required lid OMB co Owned and Amount rlying es	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Nature of Indirect Beneficial Ownershij (Instr. 4)

Reporting Owners

P (0 Y ())		Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Dickinson Klara 7999 GATEWAY BOULEVARD, SUITE 130 NEWARK, CA 94560			SVP, Regulatory Affairs & QA			

Signatures

/s/ Klara A. Dickinson-Easor	ı	06/29/2017
Signature of Reporting Person		Date

Explanation of Responses:

- * 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).
- (1) The shares subject to the option shall vest according to the following schedule: 25% of the shares subject to the option shall vest on June 26, 2018, and the remaining of the shares shall vest in equal monthly installments over the next 36 months.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.