## FORM 4

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

OMB APPE	ROVAL
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).

#### 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

1. Name and Address of Reporting Person* Wills Robert James			2. Issuer Name and Ticker or Trading Symbol CymaBay Therapeutics, Inc. [CBAY]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director10% Owner						
C/O CYN	(Last) (First) (Middle) /O CYMABAY THERAPEUTICS, INC., 7575 ATEWAY BLVD., SUITE 110			3. Date of Earliest Transaction (Month/Day/Year) 01/25/2022					Officer (give	e title below)	Oth	er (specify below	v)	
(Street) NEWARK, CA 94560			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ I	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City		(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned					ed					
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	any	emed on Date, if /Day/Year)	Code (Instr.	8) (1	A) or Disposed of Instr. 3, 4 and 5)  (A) or (A) or (B) or (C) or (C)	of (D) Own Tran	5. Amount of Securities Benef Owned Following Reported Transaction(s) (Instr. 3 and 4)		d	Ownership Form:	Beneficial Ownership
Reminder:		-						s who respon					ed SEC	474 (9-02)
Keminder:							in this display	form are not re s a currently v osed of, or Bene	equired to valid OMB ficially Own	respond control n	unless the		ed SEC	474 (9-02)
1. Title of Derivative Security	2. Conversion		3A. Deemed Execution Date, if	4. Transact	5. Nu of De Secur	nber ivative ties red (A) posed	in this display	form are not ros a currently vosed of, or Bene nvertible securior cisable and Date	equired to valid OMB ficially Own	respond control r ned Amount	unless the number.	9. Number o	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Nati of Indir Benefic Owners (Instr. 4
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	5. Nu of De Secur Acquior Dis of (D) (Instr	nber ivative ties red (A) posed	in this display quired, Display 6, options, co 6. Date Exc Expiration (Month/Da	sed of, or Bene nvertible securiorcisable and Date y/Year)	required to valid OMB ficially Own (ities)  7. Title and of Underlying Securities	respond control r ned Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Nat of Indir Benefic Owners (Instr. 4

### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Wills Robert James C/O CYMABAY THERAPEUTICS, INC. 7575 GATEWAY BLVD., SUITE 110 NEWARK, CA 94560	X				

## **Signatures**

/s/ Sujah Shah, as attorney-in-fact for Robert J. Wills	01/26/2022
**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 option vests as to 1/12 of the underlying shares monthly from January 1, 2022.

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.