FORM 4

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

OIVIB APPE	ROVAL
OMB Number:	3235-0287
Estimated average	burden
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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 * Dorling Janet			2. Issuer Name and Ticker or Trading Symbol CymaBay Therapeutics, Inc. [CBAY]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
C/O CYN	(Last) (First) (Middle) C/O CYMABAY THERAPEUTICS, INC., 7575 GATEWAY BLVD., SUITE 110			3. Date of Earliest Transaction (Month/Day/Year) 01/25/2022						_ Officer (giv	e title below)	Oth	er (specify belov	v)
(Street) NEWARK, CA 94560				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form 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)	2A. Dee Executi any (Month	on Date,	if Coo (Ins	e tr. 8)	4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5) (A) or Amount (D)	of (D) Own Tran	5. Amount of Securities Bene Owned Following Reported Transaction(s) (Instr. 3 and 4)		d 1	Ownership Form:	Beneficial Ownership
Reminder:	•							ns who respon					ed SEC 1	474 (9-02)
Keminder:	•						in this displa	ns who respon form are not re ys a currently posed of, or Bene convertible secur	equired to valid OMB eficially Ow	respond control r	unless the		ed SEC1	474 (9-02)
1. Title of Derivative Security	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	sts, calls, 5. It of I Sector of I of (fumber Derivati urities urited (Dispose D) tr. 3, 4,	in this displated in this displated in this displated in this displated in the control of the co	osed of, or Bene convertible secure ercisable and	equired to valid OMB eficially Ow	respond control r ned d Amount ing	unless the number.	9. Number o	f 10. Ownersh Form of Derivativ Security: Direct (E or Indire	11. Nature of Indire Benefic Owners: (Instr. 4
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	ts, calls, 5. 1 Sec Acc or 1 of ((In: anc	fumber Derivati urities uired (Dispose D) tr. 3, 4,	in this displated in this displated in this displated in this displated in the control of the co	posed of, or Bene- convertible secur- tercisable and a Date ay/Year)	equired to valid OMB eficially Ow ities) 7. Title and of Underly Securities	respond control r ned d Amount ing	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownersh Form of Derivativ Security: Direct (E or Indire	11. Nation of Indirection Benefic Owners (Instr. 4

Reporting Owners

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

Signatures

/s/ Paul Quinlan, as attorney-in-fact for Janet Dorling	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.