FORM 4

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

OMB APPROVAL					
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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

I. Name and Address of Reporting Person *- WIGGANS THOMAS G			2. Issuer Name and Ticker or Trading Symbol CymaBay Therapeutics, Inc. [CBAY]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(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 below	7)
(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				
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acqui					es Acquired	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, any (Month/Day/Ye		Code (Instr.	(1. Securities Acq A) or Disposed Instr. 3, 4 and 5					Ownership Form: E Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder:	Report on a s	separate line for each	class of securities l	peneficial	lly owned	directly	Persor	s who respor					ned SEC 1	474 (9-02)
Reminder:	Report on a s	separate line for eacl	Table II -	Derivati	ive Securi	ties Acq	Persor in this display	ns who respor form are not r ys a currently osed of, or Ben	equired to valid OME eficially Ow	respond control r	unless the		ned SEC 1	474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table II -	Derivati (e.g., put 4. Transaci Code	5. Nution of De Securi Acquior Di of (Di (Instr	ties Acquarrants umber erivative rities ired (A) sposed) . 3, 4,	Persor in this display quired, Disp s, options, co 6. Date Ex Expiration (Month/Da	ns who resported form are not reported for a currently osed of, or Benconvertible securer cisable and Date	equired to valid OME eficially Ow	o respond B control r wned d Amount ving	unless the number.	9. Number of Derivative Securities Beneficially Owned Following Reported	Of 10. Ownershi Form of Derivativ. Security: Direct (D or Indirec	11. Nature of Indire Beneficie Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if any	Derivati (e.g., put 4. Transaci Code	tive Securi ts, calls, w tion of De Securi Acqu or Di of (D	ties Acquarrants amber erivative rities irred (A) sposed) . 3, 4,	Persor in this display quired, Disp s, options, cc 6. Date Ex Expiration (Month/Da	ns who resported form are not reported form are not reported for a currently cosed of, or Benconvertible security and Date (19) (Year)	equired to valid OME eficially Own ities) 7. Title an of Underly Securities	o respond B control r wned d Amount ving	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	Of 10. Ownershi Form of Derivativ. Security: Direct (D or Indirec	11. Nature of Indire Benefici e Ownersh (Instr. 4)

Reporting Owners

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

Signatures

/s/ Paul Quinlan, as attorney-in-fact for Thomas G. Wiggans	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.