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

OMB APPE	ROVAL
OMB Number:	3235-0287
Estimated average	burden
houre per reenonce	0.5

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

(Print or Type	responses)														
1. Name and Address of Reporting Person * KIM DENNIS D (Last) (First) (Middle) C/O CYMABAY THERAPEUTICS, INC., 7575 GATEWAY BLVD., SUITE 110		2. Issuer Name and Ticker or Trading Symbol CymaBay Therapeutics, Inc. [CBAY]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
			Date of Earliest Transaction (Month/Day/Year) 01/25/2022 4. If Amendment, Date Original Filed(Month/Day/Year)					X	X Officer (give title below) Other (specify below) Chief Medical Officer						
(Street) NEWARK, CA 94560									_X_ F	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)			(Zip)	Table I - Non-Derivative Securities Acqu					s Acquired,	lired, Disposed of, or Beneficially Owned					
1.Title of Sec (Instr. 3)				(Month/Day/Year)		ode	(A (In	Securities Acqu) or Disposed of str. 3, 4 and 5) (A) or nount (D)	f (D) Owne Trans	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		O Fo D or (I	wnership orm: Be irect (D) Ov Indirect (Ir	eneficial wnership	
Reminder: Re								in this fo	who respond orm are not re	quired to r	espond ur				74 (9-02)
			Table II					in this fo a curren red, Dispos	orm are not re tly valid OMB ed of, or Benef	quired to r control nu icially Own	espond ur ımber.				, 1 (> 02)
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	4. Transac Code	etion	5. Number Derivative Securities Acquired (or Dispose (D) (Instr. 3, 4	onts, o	in this for a current ared, Dispos options, con	orm are not re tly valid OMB ed of, or Benef vertible securit reisable and Date	quired to r control nu icially Own	espond ur imber. ed Amount ng	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	etion	5. Number Derivative Securities Acquired (or Dispose (D)	nnts, or of (A) ed of	in this for a current a current pred, Dispose ptions, con 6. Date Exe Expiration I	erm are not re tly valid OMB ed of, or Benef vertible securit rcisable and Date t/Year) Expiration	quired to r control nu icially Own icially Own icially Own icially Own 7. Title and of Underlyi Securities	espond ur imber. ed Amount ng	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
KIM DENNIS D C/O CYMABAY THERAPEUTICS, INC. 7575 GATEWAY BLVD., SUITE 110 NEWARK, CA 94560			Chief Medical Officer		

Signatures

/s/ Paul Quinlan, as attorney-in-fact for Dennis D. Kim	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.
- (1) The option vests as to 1/48 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.