### FORM 4

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

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

OMB 3235-Number: 0287 Expires: November 30, 2011 Estimated average burden hours per response... 0.5

OMB APPROVAL

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Respo	nses)								
1. Name and Addres GOLDFISCHER	Symbol			ker or Trading cs, Inc. [NOI	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
C/O CYMABAY INC., 3876 BAY	(Infoliate De	ıy/Year)	ansa	ction	Officer (give title below)	Other (s	specify below)		
HAYWARD, CA	4. If Amen Filed(Month		ite O	riginal	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-D	eriva	tive Securities	ired, Disposed of, or Beneficially Owned			
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Yea			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or Amount (D) Price		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
Reminder: Report on directly or indirectly.		ach class of secur	ities benef	Pe in	ersons who formation co equired to re	ontain spond	nd to the collection ed in this form are r unless the form dis control number.	not	SEC 1474 (9-02)

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Num	ber	6. Date Exer	cisable and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transact	tion	of		Expiration I	Pate	of Underlyi	ng	Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	Code Derivative		(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	)	Securit	ies			(Instr. 3 and	14)	(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Acquir	ed						Owned	Security:	(Instr. 4)	
	Security					(A) or							Following	Direct (D)		
						Dispos	ed						Reported	or Indirect		
						of (D)							Transaction(s)	(I)		
						(Instr. 3	3, 4,						(Instr. 4)	(Instr. 4)	i	
						and 5)									i	
				Code	V	(A)		Exercisable	Expiration Date	Title	Amount or Number of Shares					
				Code	v	(A)	(D)				Silaies					
Stock Option (right to buy)	\$ 5	10/31/2013		A		6,470		(1)	10/31/2023	Common Stock	6,470	\$0	6,470	D		

### **Reporting Owners**

Panarting Oronge Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
GOLDFISCHER CARL							
C/O CYMABAY THERAPEUTICS, INC.	X						
3876 BAY CENTER PLACE	Λ						
HAYWARD, CA 94538							

#### **Signatures**

/s/ Charles McWherter, by power of attorney	11/01/2013		
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) This option vests over a four-year period, with one-third of the shares subject to the Option vesting on the grant date of October 31, 2013, and the remaining 2/3 of the shares subject to the Option vesting ratably on a monthly basis over the next 48 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.