### 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

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

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

(Print or Type Respon	nses)										
1. Name and Addres Van Wart Harold	2. Issuer Na Symbol CymaBay				8	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O CYMABAY THERAPEUTICS, INC., 3876 BAY CENTER PLACE			3. Date of Earliest Transaction (Month/Day/Year) 01/06/2014					X_ Officer (give title Other (specify below)  President and CEO			
(Street) HAYWARD, CA 94545			4. If Amendment, Date Original Filed(Month/Day/Year)					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								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Exect any	Deemed ation Date, if th/Day/Year)	Pate, if Transaction Code Code (Instr. 8) Construction Code (Instr. 8)			(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
D 1 1 D .	. 1: 6	, ,	c :	1 6	,						

Reminder: Report on a separate line for each class of securities benefic directly or indirectly.	ially owned	
	Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.	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			3A. Deemed					of 6. Date Exercisable and					9. Number of		11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transac	tıon	n Derivative		Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	ode Securities			(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Acquired (A)				(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative			or Disposed							Owned	Security:	(Instr. 4)			
	Security					of (D)							Following	Direct (D)		
	-				(Instr. 3, 4,							Reported	or Indirect			
						and 5)							Transaction(s)	(I)		
											Amount		(Instr. 4)	(Instr. 4)		
								Date	Expiration		or			ĺ		
								Exercisable		Title	Number					
				Code	V	(A)	(D)				of Shares					
Stock																
Option										Common				ĺ		
	\$ 5	01/06/2014		A		141,290		<u>(1)</u>	01/06/2024	Stock	141,290	\$0	141,290	D		
(right to										Stock						
buy)																

#### **Reporting Owners**

Dan antina Oroman Nama / Addusa		Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Van Wart Harold C/O CYMABAY THERAPEUTICS, INC. 3876 BAY CENTER PLACE HAYWARD, CA 94545	X		President and CEO					

### **Signatures**

/s/ Sujal Shah, by power of attorney	01/08/2014
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 January 6, 2014, 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.