FORM 4	1
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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).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

### 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 Kumar Hari	2. Issuer Name <b>and</b> Ticker or Trading Symbol CymaBay Therapeutics, Inc. [CBAY]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) C/O CYMABAY TH GATEWAY BLVD,		0 DIO 5000	3. Date of Earliest Transaction (Month/Day/Year) 06/24/2015					Officer (give title below) O	ther (specify bel	low)		
(Street) NEWARK, CA 94560			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		2. Transaction	2A. Deemed	3. Transact	tion	4. Securities Acquired			5. Amount of Securities Beneficially	6.	7. Nature	
(Instr. 3)		Date	Execution Date, if	Code		-			Owned Following Reported	Ownership	of Indirect	
		(Month/Day/Year)	any	(Instr. 8) (Instr. 3, 4 and 5)		Transaction(s)	Form:	Beneficial				
			(Month/Day/Year)						(Instr. 3 and 4)	Direct (D)	Ownership	
										or Indirect	(Instr. 4)	
							(A) or			(I)		
				Code	V	Amount	(D)	Price		(Instr. 4)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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	ıber	6. Date Exer	cisable and	7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		Expiration I	Date	Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code				Underlying		Security	Securities	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	)	Securit					(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Acquir	ed	(Instr. 3 and 4)				Security:	(Instr. 4)		
	Security					(A) or							0	Direct (D)	
						Dispos	ed						1	or Indirect	
						of (D)							Transaction(s)		
						(Instr. 3 and 5)	5, 4,						(Instr. 4)	(Instr. 4)	
						and 5)									
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
				Code	v	(A)	സ				of Shares				
-				Code	v	(A)	(D)				Shares				
Stock															
Option	\$ 2.97	06/24/2015		А		9,000		<u>(1)</u>	06/24/2025	Common Stock	0.000	\$ 0	9,000	D	
(right to	\$ 2.97	00/24/2015		A		9,000		<u>, 11</u>	00/24/2023	Stock	9,000	\$U	9,000	D	
buy)															

### **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Kumar Hari C/O CYMABAY THERAPEUTICS, INC. 7999 GATEWAY BLVD, SUITE 130 NEWARK, CA 94560	Х							

# Signatures

/s/ Sujal Shah, by power of attorney	06/30/2015
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 in 12 equal monthly installments with the vesting start date of June 1, 2015.

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.