FORM 4	-
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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

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### 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

(rint of Type Responses)											
1. Name and Address of Reporting Pervon Emster Kurt	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) (First) C/O CYMABAY THERAPEUT GATEWAY BLVD, SUITE 130	TICS, INC., 7999	3. Date of Earliest Transaction (Month/Day/Year) 06/24/2015						ther (specify bel	ow)		
(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 Acqu					ired, Disposed of, or Beneficially Ov	wned			
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)		Beneficial				
		(Month/Day/Year)						× /		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. Number		6. Date Exercisable and		7. Title and		8. Price of	9. Number of	10.	11. Nature		
Derivative	Conversion	Date	Execution Date, if	Transact	Transaction of F		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code			Underlying S		Security	Securities	Form of	Beneficial			
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	)			Securities (Instr.		(Instr. 5)	Beneficially	Derivative	Ownership		
	Derivative					Acquir	ed	(Instr. 3					2	(Instr. 4)	
	Security					(A) or						Direct (D)			
						Dispos	ed						1	or Indirect	
						of (D)							Transaction(s)	· ·	
						(Instr. )	3, 4,						(Instr. 4)	(Instr. 4)	
						and 5)			1						
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
				Cele	<b>X</b> 7						of				
				Code	v	(A)	(D)				Shares				
Stock															
Option	\$ 2.97	06/24/2015				0.000		<u>(1)</u>	06/24/2025	Common	0.000	\$ O	0.000	D	
(right to	\$ 2.97	00/24/2015		А		9,000		11	00/24/2025	Stock	9,000	\$0	9,000	D	
buy)															
<i></i> ,))										1					

### **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
von Emster Kurt 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.