FORM 4

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

OMB APPROVAL				
MB Number:	3235-0287			
stimated average burden				
ours per response	e 0.5			

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 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)			2. Issuer Name and Ticker or Trading Symbol				5 T	5 Relationship of Reporting Person(s) to Issuer						
Name and Address of Reporting Person – Rosemark Kirk						_	•	Э. Г	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) C/O CYMABAY THERAPEUTICS, INC., 7999 GATEWAY BLVD., SUITE 230				CymaBay Therapeutics, Inc. [CBAY] 3. Date of Earliest Transaction (Month/Day/Year) 06/24/2015					X	Director 10% Owner X Officer (give title below) Other (specify below) V.P. Regulatory & Quality				
(Street) NEWARK, CA 94560				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Aca				s Acquired	uired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			Date (Month/Day/Year)		ned n Date, if	3. Tran Code (Instr.	saction 4.	Securities Acq a) or Disposed astr. 3, 4 and 5	uired 5. A of (D) Ow Tra	5. Amount of Securities Ber Owned Following Reported Transaction(s)		Beneficially ed	5. 7. Ownership of Form: B	Nature Indirect eneficial
				(Month/I	Oay/Year)	Code	e V Aı	(A) or (D)	(Ins	(Instr. 3 and 4)		(Direct (D) Owner or Indirect (Instr. (Instr. 4)	
Reminder:							contain	s who respored in this for splays a curr	m are not	t required	l to respo	nd unless tl		74 (9-02)
Reminder:							contain		m are not	t required	l to respo	nd unless tl		74 (9-02)
1. Title of	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	tion of Deri Secul	umber vative rities uired or	contain form dis nired, Dispo options, con	ed in this for splays a curresed of, or Ben exertible securercisable and Date	m are not ently vali	t required d OMB co wned ad of	to respo ontrol nur 8. Price of	9. Number of Derivative Securities Beneficially Owned Following	ne	11. Naturo of Indirect Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transac Code	5. Notion of Deri Secul Acquired (A) of Disp	vative rities aired or osed of r. 3, 4,	contain form dis nired, Dispo options, con 6. Date Exe Expiration	ed in this for splays a curresed of, or Ben exertible securercisable and Date	rm are not rently vali eficially Or- rities) 7. Title an Amount of Underlyin Securities	t required d OMB co wned ad of	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Naturo of Indirect Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transac Code	tion of Deri Secul Acque (A) of Disp (D) (Inst	varive rities aired or osed of r. 3, 4, 5)	contain form dis nired, Dispo options, con 6. Date Exe Expiration	ed in this for splays a curi sed of, or Ben nvertible secul servisable and Date y/Year)	rm are not rently vali eficially Or- rities) 7. Title an Amount of Underlyin Securities	t required d OMB co wned ad of	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Rosemark Kirk C/O CYMABAY THERAPEUTICS, INC. 7999 GATEWAY BLVD., SUITE 230 NEWARK, CA 94560			V.P. Regulatory & Quality			

Signatures

/s/ Sujal Shah, Attorney-in-Fact	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 with respect to 25% of the underlying shares upon the first anniversary of the vesting commencement date of April 27, 2015, and then with respect to the remaining 75% of the underlying shares in 36 equal monthly installments.

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.