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 0.5 hours per response...

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 Ty	pe Response	C3)													
1. Name and Address of Reporting Person *- Wills Robert James				2. Issuer Name and 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) (Middle) C/O CYMABAY THERAPEUTICS, INC., 7999 GATEWAY BLVD., SUITE 130			3. Date of Earliest Transaction (Month/Day/Year) 10/06/2015							e title below)		er (specify below	2)		
(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					
	(City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Deen Execution any (Month/D	Date	e, if Co (In		(A (Ir	Securities Acq ) or Disposed of astr. 3, 4 and 5) (A) or mount (D)	of (D) Ow Tra		ving Report	] ] (	Ownership of Form:	Beneficial Ownership
Reminder:									s who respor						474 (9-02)
Reminder:								contain form dis	ed in this for splays a curr sed of, or Bend	m are not ently vali eficially O	required d OMB c	to respon	nd unless tl		+74 (9-02)
1. Title of	Conversion	3. Transaction Date (Month/Day/Year	3A. Deemed Execution Date, if	4. Transact	ion o	warra . Numb	ents, oper (oper (	contain form dis red, Dispo	ed in this for splays a curr sed of, or Bend exertible secur excisable and Date	m are not ently vali eficially O	required d OMB conved d f	to respondent on trol numbers of the second	nd unless tl	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Nature p of Indirect Beneficial Ownershij (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transact	ion o	warra . Numb f Derivati decuritie Acquire A) or Dispose D) Instr. 3,	oper (oper description) oper (	contained form discred, Dispositions, conference of the Exercise of the Expiration o	ed in this for splays a curr sed of, or Bendingertible securities and Date y/Year)	m are not ently vali eficially Orities)  7. Title an Amount o Underlyin Securities	required d OMB conved d f	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirects)	11. Nature p of Indirec Beneficial Ownershi (Instr. 4)

## **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Wills Robert James C/O CYMABAY THERAPEUTICS, INC. 7999 GATEWAY BLVD., SUITE 130 NEWARK, CA 94560	X					

## **Signatures**

/s/ Sujal Shah, Attorney-in-Fact	10/08/2015
**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 October 6, 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.