

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

#### OMB APPROVAL OMB 3235-Number: 0104 Estimated average burden hours per response... 0.5

### INITIAL STATEMENT OF 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

C/O CYMABAY THERAPEUTICS, INC., 7999 GATEWAY BLVD., SUITE 130 (Street) NEWARK, CA 94560 Person(s) to Issuer (Check all applicable) <u></u>	(Print or Type Responses)					
STEIN EVAN A.       (Month/Day/Year)         (Last)       (First)       (Middle)         (A)(01/2016       (A)(01/2016         4. Relationship of Reporting       Person(s) to Issuer         (Check all applicable)       (Check all applicable)         (Street)       (Street)         NEWARK, CA 94560       (City)         (City)       (State)         (City)       (State)         (Instr. 4)       2. Amount of Securities         Beneficially Owned       Ownership         (Instr. 4)       Ownership         (Instr. 5)       (Instr. 5)	1. Name and Address of Reporting	2. Date of Event Requiring	3. Issuer Name and Ticker or Trading Symbol			
STELIVEVALVA.       04/01/2016         (Last)       (First)       (Middle)         C/O CYMABAY       Person(s) to Issuer       5. If Amendment, Date Original         Person(s) to Issuer       (Check all applicable)       Sile (Month/Day/Year)         GATEWAY BLVD., SUITE 130	Person <sup>*</sup>		CymaBay Therapeutics, Inc. [CBAY]			
(Last)       (First)       (Middle)         C/O CYMABAY       (Middle)         THERAPEUTICS, INC., 7999       Person(s) to Issuer       (Check all applicable)         GATEWAY BLVD., SUITE 130       (Check all applicable)       (Check all applicable)         (Street)       (Street)       (Middle)       (Check all applicable)         NEWARK, CA 94560       (Check all applicable)       (Check all applicable)         (City)       (State)       (Zip)       Table I - Non-Derivative Securities         I.Title of Security       2. Amount of Securities       3.       (Ownership         (Instr. 4)       (Instr. 4)       Ownership       Ownership         (Instr. 5)       Indirect (I)       (Instr. 5)       (Instr. 5)	STEIN EVAN A.	· · ·				
C/O CYMABAY THERAPEUTICS, INC., 7999 GATEWAY BLVD., SUITE 130 (Street) NEWARK, CA 94560 City (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned I.Title of Security (Instr. 4) (Instr. 4) (Di or Indirect (I) (Instr. 5) (Instr. 5)	(Last) (First) (Middle)	04/01/2016	4. Relationsh	ip of Reporting	g 5. If Amendment, Date Original	
GATEWAY BLVD., SUITE 130	C/O CYMABAY					
GATEWAY BLVD., SUITE 130	THERAPEUTICS, INC., 7999					
(Gutt)       NEWARK, CA 94560       0. Individual of Joint/Group         (City)       (State)       (Zip)       Table I - Non-Derivative Securities Beneficially Owned         1. Title of Security       2. Amount of Securities       3.       4. Nature of Indirect Beneficial         (Instr. 4)       2. Amount of Securities       3.       0wnership         [Instr. 4)       [Instr. 4]       [Instr. 5]       0wnership	GATEWAY BLVD., SUITE 130					
NEWARK, CA 94560       X. Form filed by One Reporting Person         (City)       (State)       (Zip)         Table I - Non-Derivative Securities Beneficially Owned         1.Title of Security       2. Amount of Securities Beneficially Owned         (Instr. 4)       2. Amount of Securities Beneficially Owned         (Instr. 4)       0wnership         Form: Direct (D) or       Indirect (I)         (Instr. 5)       0wnership	(Street)		title below)	below)	6. Individual or Joint/Group	
Index (City)       (State)       (Zip)       Table I - Non-Derivative Securities Beneficially Owned         1. Title of Security       2. Amount of Securities Beneficially Owned       3. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)       4. Nature of Indirect Beneficial Ownership (Instr. 4)						
(City)       (State)       (Zip)       Table I - Non-Derivative Securities Beneficially Owned         1. Title of Security       2. Amount of Securities Beneficially Owned       3.       4. Nature of Indirect Beneficial         (Instr. 4)       2. Instr. 4)       0wnership       Form: Direct       0wnership         Instr. 4)       Instr. 4)       0wnership       Instr. 5)       0wnership	NEWARK, CA 94560				_X_Form filed by One Reporting Person Form filed by More than One Reporting	
1.Title of Security (Instr. 4)       2. Amount of Securities Beneficially Owned (Instr. 4)       3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)       4. Nature of Indirect Beneficial Ownership (Instr. 5)					Person	
(Instr. 4)     Beneficially Owned (Instr. 4)     Ownership Form: Direct (D) or Indirect (I) (Instr. 5)     Ownership (Instr. 5)	(City) (State) (Zip)	Table I - Non-Derivative Securities Beneficially Owned				
(Instr. 4) Form: Direct (Instr. 5) (D) or Indirect (I) (Instr. 5)	1.Title of Security	2. Amount of	f Securities	3.	4. Nature of Indirect Beneficial	
(D) or Indirect (I) (Instr. 5)	(Instr. 4)	Beneficially	Owned	Ownership	Ownership	
Indirect (I) (Instr. 5)		(Instr. 4)			(Instr. 5)	
(Instr. 5)						
Common Stock 100,000 D				(Instr. 5)		
	Common Stock	100,000		D		

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

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 1473 (7-02)

### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exer and Expirati (Month/Day/Ye	on Date	3. Tit Secur	rities Underlying vative Security	or Exercise	Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	×		Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	

## **Reporting Owners**

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

### Signatures

/s/ Sujal Shah, by power of attorney	04/01/2016
**Signature of Reporting Person	Date

# **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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).

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.

#### POWER OF ATTORNEY

Know all by these presents, that the undersigned hereby constitutes and appoints each of SUJAL SHAH, CHARLES MCWHERTER, MATTHEW HEMINGTON AND BRETT WHITE, signing individually, the undersigned's true and lawful attorneys-in fact and agents to:

(1) execute for and on behalf of the undersigned, an officer, director or holder of 10% of more of a registered class of securities of CymaBay Therapeutics, Inc. (the "COMPANY"), Forms 3, 4 and 5 in accordance with Section 16(a) of the Securities Exchange Act of 1934, as amended (the "EXCHANGE ACT") and the rules thereunder;

(2) do and perform any and all acts for and on behalf of the undersigned that may be necessary or desirable to complete and execute such Form 3, 4 or 5, complete and execute any amendment or amendments thereto, and timely file such forms or amendments with the United States Securities and Exchange Commission and any stock exchange or similar authority; and

(3) take any other action of any nature whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit, in the best interest of, or legally required by, the undersigned, it being understood that the documents executed by such attorney-in-fact on behalf of the undersigned pursuant to this Power of Attorney shall be in such form and shall contain such terms and conditions as such attorney-in-fact may approve in such attorney-in-fact's discretion.

The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the undersigned might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that such attorney-in-fact, or such attorney-in-fact's substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted. The undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned, are not assuming, nor is the Company assuming, any of the undersigned's responsibilities to comply with Section 16 of the Exchange Act.

This Power of Attorney shall remain in full force and effect until the earliest to occur of (a) the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned's holdings of and transactions in securities issued by the Company, (b) revocation by the undersigned in a signed writing delivered to the foregoing attorneys-in-fact, or (c) as to any attorney-in-fact individually, until such attorney-in-fact shall no longer be employed by the Company or Cooley LLP, as the case may be.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 22nd day of March, 2016.

/s/ Evan A. Stein

Evan A. Stein