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

OMB APPROVAL					
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ours per response	0.5				

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

	e Responses	.)													
1. Name and Address of Reporting Person * Boudes Pol F (Last) (First) (Middle) C/O CYMABAY THERAPEUTICS, INC., 7999 GATEWAY BLVD., SUITE 130			Issuer Name and Ticker or Trading Symbol CymaBay Therapeutics, Inc. [CBAY] Date of Earliest Transaction (Month/Day/Year) 12/30/2016						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
									X Officer (give title below) Other (specify below) Chief Medical Officer						
(Street) NEWARK, CA 94560			4	4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ Fo	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)			Tabl	le I -	Non-Derivat	ve Securities .	Acquired, 1	Disposed	of, or Bene	ficially Own	ed	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		Date (Month/Day/Year)	2A. Deemed 3. Tran Execution Date, if Code			saction 4. So (A) (Inst	or Disposed of r. 3, 4 and 5)	red 5. Am (D) Owne Trans	5. Amount of Sc Owned Followin Transaction(s) (Instr. 3 and 4)		Securities Beneficially (wing Reported)		Nature f Indirect eneficial bwnership instr. 4)		
Reminder: F	Report on a se	eparate line for each	class of securities l	beneficial	ly ov	wned dire	ectly	Persons	who respond in this form lays a curre	are not r	equired	to respon	d unless the		74 (9-02)
									d of, or Benefi ertible securit		ed				
1. Title of Derivative	2. Conversion or Exercise	Date (Month/Day/Year) Ex	3A. Deemed Execution Date, if	Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)
Security (Instr. 3)	Price of Derivative Security	(Month/Day/Year))	Securitie Acquired (A) or Disposed (D) (Instr. 3,	es d d of	(Month/Day/	Year)	Underlying Securities	;	Security	Securities Beneficially Owned Following Reported Transaction(Ownership Form of Derivative Security: Direct (D) or Indirect s) (I)	of Indirect Beneficial Ownership (Instr. 4)
	Price of Derivative	(Month/Day/Year)			v	Securitie Acquired (A) or Disposed (D) (Instr. 3, and 5)	es d d of	Date Exercisable	Expiration Date	Underlying Securities	;	Security	Securities Beneficially Owned Following Reported Transaction(Ownership Form of Derivative Security: Direct (D) or Indirect s) (I)	of Indirect Beneficial Ownership (Instr. 4)

Reporting Owner Name / Address	Relationships					
Teporting of their remarks	Director	10% Owner	Officer	Other		
Boudes Pol F C/O CYMABAY THERAPEUTICS, INC. 7999 GATEWAY BLVD., SUITE 130 NEWARK, CA 94560			Chief Medical Officer			

Signatures

/s/ Sujal Shah, by power of attorney	01/04/2017
**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) On July 25, 2016, the Reporting Person was granted an option to purchase 42,000 shares of common stock of the Issuer. The option vests in two equal installments based on the Issuer's achieving certain milestones. The first milestone was met, resulting in vesting of the option as to 21,000 shares.

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.