FORM	4	

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

(Print or Type Responses)										
1. Name and Address of Reporting Perso Rosemark Kirk	2. Issuer Name and Ticker or Trading Symbol CymaBay Therapeutics, Inc. [CBAY]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) (First) C/O CYMABAY THERAPEUTIC GATEWAY BLVD., SUITE 230	a DIG 5000	3. Date of Earliest Transaction (Month/Day/Year) 12/30/2016					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)					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)	Т	able I - No	n-Dei	rivative S	ecuritie	ired, Disposed of, or Beneficially Ow	ned		
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	(Instr. 8)		4. Securi (A) or D (Instr. 3, Amount	(A) or	of (D)	Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial Ownership

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

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. Numb	er	6. Date Exerc	isable and	7. Title and		8. Price of	9. Number of	10.	11. Nature
	Conversion		Execution Date, if	Transact				Expiration Da		Amount of		Derivative	Derivative	Ownership	of Indirect
		(Month/Day/Year)		Code		Derivativ		(Month/Day/	(ear)	Underlying		2			Beneficial
· /	Price of		(Month/Day/Year)	(Instr. 8)		Securitie		Securities			· /		Derivative	-	
	Derivative					Acquired				(Instr. 3 and 4)					(Instr. 4)
	Security					(A) or	· · · · · · · · · · · · · · · · · · ·					0	Direct (D)		
					Disposed of (D)						Reported Transaction(s)	or Indirect			
					(Instr. 3, 4,						· · ·	(Instr. 4)			
					and 5)							((
											Amount				
								D (- · .·		or				
								Date Exercisable	Expiration Date	Title	Number				
									Date		of				
				Code	V	(A)	(D)				Shares				
Employee															
Stock										G					
Option	\$ 1.82	12/30/2016		А		11,000		12/30/2016	07/24/2026	Common	11,000	\$ 0	11,000 (1)	D	
(right to				-		,				Stock	,		,		
buy)															
(uy)															

Reporting Owners

Reporting Owner Name / Addre	Reporting Owner Name / Address	Relationships						
	reporting owner runne, runness	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, 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 22,000 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 11,000 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.