FORM	4

(Print or Type Responses)

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 hours per response... 0.5

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

1. Name and Address of Reporting Person Boudes Pol F	2. Issuer Name and Ticker or Trading Symbol CymaBay Therapeutics, Inc. [CBAY]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director			
(Last) (First) C/O CYMABAY THERAPEUTICS, GATEWAY BLVD., SUITE 130	DIG 7000	3. Date of Earliest Transaction (Month/Day/Year) 01/04/2017					X_Officer (give title below)Other (specify below)O			
(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	s Acqu	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	isposed o	of (D)	Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership

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

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		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	1			(Instr. 3 and	14)				(Instr. 4)
	Security					(A) or	1.6					0	Direct (D)		
						Disposed (D)	1 01						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										C					
Option	\$ 1.82	01/04/2017		А		21,000		01/04/2017	07/24/2026	Common	21,000	\$ 0	42,000 (1)	D	
(right to						,				Stock	,		,.,,		
buy)															
ouj)															

Reporting Owners

Reporting Owner Name / Address	Relationships						
reporting o when runne / runness	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	01/06/2017
***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).
- 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 (1) achieving certain milestones. The first milestone was met on December 30, 2016, resulting in vesting of the option as to 21,000 shares, which was reported on a prior Form 4. The second milestone was met on January 4, 2017, resulting in vesting of the option as to the remaining 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.