FORM 4

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

OMB APPROVAL
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Check this box if no 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

(Print or Type	pe Responses	s)													
1. Name and Address of Reporting Person *- Van Wart Harold				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				
(Last) (First) (Middle) C/O CYMABAY THERAPEUTICS, INC., 7999 GATEWAY BLVD, SUITE 130				3. Date of Earliest Transaction (Month/Day/Year) 01/19/2017											2)
(Street)				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				
NEWARK (City	K, CA 9456	(State)	(Zip)			T. 1.1		. D.							
		(3.8.3)		la. p	1				tive Securities						7.37.
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	any	n Date,	Date, if Code (Inst		(A)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ned Followinsaction(s)	ng Reported	l	Ownership Form:	Beneficial
				(Month/I	Day/Ye			V Am	(A) or (D)	Price	nstr. 3 and 4)			Direct (D) (O or Indirect (I) (Instr. 4)	Ownership Instr. 4)
								•	plays a curre	ently valid		•	er.		
1. Title of Derivative Security (Instr. 3)	Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact	tion Second	Warran Number Privative Curities Equired (Dispose	r of (A)	form dis ed, Dispose ptions, con	plays a curre ed of, or Bene vertible securi reisable and Date	ently valid	d Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned	of 10. Ownersh Form of Derivativ Security:	
Derivative Security	Conversion or Exercise Price of	Date	3A. Deemed Execution Date, if any	4. Transact	s, calls, 5. I be See Ac or of (In	Warran Number Privative Curities Equired	r of (A)	form dis ed, Dispose tions, conv 5. Date Exe Expiration I	plays a curre ed of, or Bene vertible securi reisable and Date	ficially Owities) 7. Title an of Underly Securities	d Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially	of 10. Ownersh Form of Derivativ Security: Direct (I or Indire	of Indirect Beneficia Ownershi (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	s, calls, 5. Ition De Second or of (In and	Number rivative curities equired (Dispose (D) (Str. 3, 4d 5)	r of (A)	form dis ed, Dispose tions, conv 5. Date Exe Expiration I	plays a curre ed of, or Bene vertible securi rcisable and Date //Year) Expiration	ficially Owities) 7. Title an of Underly Securities	d Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Ownersh Form of Derivativ Security: Direct (I or Indire	of Indirect Beneficia Ownersh (Instr. 4)

Describes Occurs Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Van Wart Harold C/O CYMABAY THERAPEUTICS, INC. 7999 GATEWAY BLVD, SUITE 130 NEWARK, CA 94560	X		President and CEO			

Signatures

/s/ Sujal Shah, by power of attorney	01/23/2017
**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) The option vests with respect to one-quarter of the underlying shares upon the first anniversary of the grant date, and then with respect to the remaining shares monthly thereafter over the next three years.

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.