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

OMB APPROVAL					
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houre per reenonce	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

(Print or Ty	pe response	,												
1. Name and Address of Reporting Person * Menold Daniel				Issuer Name and Ticker or Trading Symbol CymaBay Therapeutics, Inc. [CBAY]				5. R	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O CYMABAY THERAPEUTICS, INC., 7999 GATEWAY BLVD., SUITE 130				3. Date of Earliest Transaction (Month/Day/Year) 05/03/2017				X	X Officer (give title below) Other (specify below) Vice President, Finance					
(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					
	K, CA 945	560								roilli illed by	More than One	Reporting Person		
(City	y)	(State)	(Zip)		1	`able I -	Non-Deriva	tive Securities	Acquired	l, Disposed	of, or Ben	eficially Owi	ed	
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Deer Execution any (Month/I	n Date, if	Code (Instr.	(A (Ir	Securities Acquiring or Disposed of astr. 3, 4 and 5) (A) or mount (D)	of (D) Ow Trai			ed (Ownership of Eorm:	Beneficial Ownership
Reminder:								ed in this for	m are not	t required	l to respoi	nd unless tl		474 (9-02)
	2	2 Transaction	(e.g., puts,	calls, wa	arrants,	form dis	ed in this for splays a curr sed of, or Bend evertible secur	m are not ently vali eficially Ov ities)	t required d OMB co wned	l to respoi ontrol nun	nd unless th	ie	
1. Title of	Conversion	3. Transaction Date (Month/Day/Year	3A. Deemed Execution Date, if	4. Transac Code	5. N tion of Deri Secu Acq (A) Disp (D)	vative urities uired or cosed of ar. 3, 4,	form dis	ed in this for splays a curr sed of, or Bend exertible secur ercisable and Date	m are not ently valide	t required d OMB co wned ad of	8. Price of Derivative Security (Instr. 5)	nd unless tl	f 10. Ownershi Form of Derivative Security: Direct (D or Indirect	11. Natur p of Indirec Beneficia e Ownershi (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transac Code	scalls, was 5. N of Deri Secu Acq (A) Disp (D) (Inst	vative urities uired or posed of r. 3, 4, 5)	contained form distanced to the contained form distanced to the contained	ed in this for splays a curr sed of, or Bend of the securer crisable and Date y/Year)	m are not ently valid eficially Overities) 7. Title an Amount o Underlyin Securities	t required d OMB co wned ad of	8. Price of Derivative Security (Instr. 5)	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownershi Form of Derivativ. Security: Direct (D) or Indirects)	11. Natur p of Indirec Beneficia e Ownershi (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Menold Daniel C/O CYMABAY THERAPEUTICS, INC. 7999 GATEWAY BLVD., SUITE 130 NEWARK, CA 94560			Vice President, Finance		

Signatures

/s/ Daniel Menold	05/05/2017
**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 shares subject to the option shall become vested and exercisable according to the following schedule: 25% of the shares subject to the option shall vest on April 27, 2018, and the remaining shares shall vest in equal monthly installments over the next 36 months.

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.