FORM 4	4
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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).				

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

SEC 1474 (9-

02)

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 I McWherter Charles	2. Issuer Name a CymaBay Ther					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) C/O CYMABAY THERAPEU GATEWAY BOULEVARD, S	3. Date of Earliest Transaction (Month/Day/Year) 07/20/2017						X Officer (give title below) Other (specify below) SVP & Chief Scientific Officer					
(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)	Tal	ble I - Non	-Der	ivative S	ecuriti	es Acqui	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)	Date (Month/Day/Year)Execution Date, if anyCode (Instr. 8)(A) or Disposed of ((Instr. 3, 4 and 5))		d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Beneficial						
		(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common Stock	07/20/2017		Р		100	А	\$ 7.42	5,100	D			
Common Stock	07/20/2017		Р		3,000	А	\$ 7.4268	8,100	D			
Common Stock	07/20/2017		Р		200	А	\$ 7.428	8,300	D			
Common Stock	07/20/2017		Р		1,700	А	\$ 7.429	10,000	D			

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

Persons who respond to the collection of information 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.	Num	nber	6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n of	f		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	D	erivat	tive	(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	S	ecurit	ies			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Α	cquir	ed			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				(/	A) or				4)			Following	Direct (D)	
					D	ispos	ed						Reported	or Indirect	
					of	f (D)							Transaction(s)	(I)	
					(I	nstr. 3	3,						(Instr. 4)	(Instr. 4)	
					4,	, and :	5)								
											Amount				
								Data	Emination		or				
								Date Exercisable	Expiration Date	Title	Number				
								Exercisable	Date		of				
				Code V	/ (.	A) ((D)				Shares				

Reporting Owners

Γ	Denseting Opener Name (Address	Relationships							
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
	McWherter Charles C/O CYMABAY THERAPEUTICS, INC. 7999 GATEWAY BOULEVARD, SUITE 130 NEWARK, CA 94560			SVP & Chief Scientific Officer					

Signatures

/s/ Sujal Shah, Attorney-in-Fact for Charles A. McWherter	07/24/2017
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).

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.