FORM 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

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

(Fint of Type Response											
1. Name and Address of Weiland Robert J.	2. Issuer Name an CymaBay Therap			· ·	ol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O CYMABAY THERAPEUTICS, INC., 7999 GATEWAY BOULEVARD, SUITE 130			3. Date of Earliest 7 09/22/2017	ransaction	(Mor	nth/Day/Y	ear)	Officer (give title below)O	ther (specify bel	ow)	
NEWARK, CA 945		4. If Amendment, D	ate Origina	l File	d(Month/Da	iy/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)	Ta	ble I - Non	-Der	ired, Disposed of, or Beneficially Ov	wned				
1. Title of Security 2. Transaction [Instr. 3) Date (Month/Dav/Yea)			2A. Deemed Execution Date, if any	3. Transact Code (Instr. 8)	tion	(A) or Disposed of (D)			0 1	6. Ownership Form:	7. Nature of Indirect Beneficial
		, , , ,	(Month/Day/Year)	· /	V	Amount	(A) or	Price	(Instr. 3 and 4)		Ownership

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

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. Num	ıber	6. Date Exer	cisable and	7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	Fransaction of		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code			(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	· · · ·				Securities		(Instr. 5)	Beneficially	Derivative	Ownership		
	Derivative				Acquired				(Instr. 3 and 4)			Owned	Security:	(Instr. 4)	
	Security				(A) or					0	Direct (D)				
					Disposed					1	or Indirect				
					of (D)						Transaction(s)				
				(Instr. 3, 4,							(Instr. 4)	(Instr. 4)			
				and 5)											
											Amount				
								Date	Expiration		or				
								Exercisable			Number				
				Code	v	(A)	(D)				of Shares				
				Coue	v	(A)	(D)				Shares				
Stock															
Option	\$ 7.47	09/22/2017		А		7,500		(1)	09/21/2027	Common	7,500	\$ 0	7,500	D	
(right to	φ /.4/	07/22/2017		Λ		7,500		لمغد	07/21/2027	Stock	7,300	ψŪ	7,500	D	
buy)															
ouy)															

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Weiland Robert J. C/O CYMABAY THERAPEUTICS, INC. 7999 GATEWAY BOULEVARD, SUITE 130 NEWARK, CA 94560	Х						

Signatures



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 vest in 12 equal monthly installments commencing on June 1, 2017, subject to the Reporting Person's continuous service to the Issuer as of each such date. The option allows for early exercise by the Reporting Person.

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.