longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

OMMISSION	

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 Dickinson Klara (Last) (First) (Middle) C/O CYMABAY THERAPEUTICS, INC., 7575 GATEWAY BOULEVARD, SUITE 110				S. Issuer Name and Ticker or Trading Symbol CymaBay Therapeutics, Inc. [CBAY] 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2020					5. I	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director I 10% Owner X Officer (give title below) Other (specify below) See Remarks 6. Individual or Joint/Group Filing/Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
									X						
(Street) NEWARK, CA 94560			4. If Amendment, Date Original Filed(Month/Day/Year)						_X_						
(Ci	ty)	(State)	(Zip)			Ta	able I -	- Non-Deriv	vative Securitie	es Acquired	, Disposed	of, or Benef	icially Owned		
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year	Execu any	eemed tion Da h/Day/Y	te, if C		(A) (I)	Securities Acq a) or Disposed on astr. 3, 4 and 5) (A) or (D)	of (D) Ow Tra		ecurities Berng Reported	O Fo D or (I	wnership of Be orm: Be orderect (D) orderect (Indirect (eneficial wnership
Reminder:															
Reminder:	•		Table II					in this for a currer	s who respon orm are not r itly valid OMI sed of, or Bene overtible secur	equired to 3 control r eficially Ow	respond u umber.				74 (9-02)
	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if	(e.g., p 4. Transac Code	tion De Se Ac or (D (In	Number erivative curities equired (Dispose	eants, of	in this for a currer	orm are not really valid OMI sed of, or Beneal vertible securicisable and Date	equired to 3 control r eficially Ow	respond unber. ned Amounting	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	(e.g., p 4. Transac Code	tion De Se Ac or (D (In	Number Frivative curities equired (Dispose) str. 3, 4, d 5)	eants, confidence of the confi	in this for a currer dired, Disposoptions, con 6. Date Exer Expiration I	orm are not ritly valid OMI sed of, or Benericisable and bate /Year) Expiration	equired to B control r eficially Ow ities) 7. Title and of Underly Securities	respond unber. ned Amounting	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Dickinson Klara C/O CYMABAY THERAPEUTICS, INC. 7575 GATEWAY BOULEVARD, SUITE 110 NEWARK, CA 94560			See Remarks		

Signatures

/s/ Sujal Shah, as Attorney-in-Fact for Klara Dickinson	05/19/2020
**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).
- The shares subject to the option shall vest in 48 equal monthly installments commencing on January 31, 2020, subject to the Reporting Person's continuous service to the Issuer as of each such date.

Remarks:

Chief Regulatory & Compliance Officer

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.