## FORM 4

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

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

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 Typ	e Responses	)													
1. Name and Address of Reporting Person * Dickinson Klara				2. Issuer Name and Ticker or Trading Symbol CymaBay Therapeutics, Inc. [CBAY]					5. 1	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O CYMABAY THERAPEUTICS, INC., 7999 GATEWAY BOULEVARD				3. Date of Earliest Transaction (Month/Day/Year) 01/24/2018				X	X Officer (give title below) Other (specify below)  SVP, Regulatory and Quality						
(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					
	C, CA 9456										Form filed by i	viore than One i	Reporting Person		
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if Code (Instr. 8) (Month/Day/Year)		(A (In	Securities Acquilibrium (A) or (D) (A) or (D)			F D O (1		Ownership of B	eneficial wnership				
Reminder: F	report on a si	eparate line for each	Table II -	Derivativ	ve S	ecurities A	.cqu	Persons containe form dis	s who responed in this form plays a curre sed of, or Bene	n are not ently valid ficially Ov	required d OMB co	to respond	d unless the		74 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transaction Code		5. Number of		Expiration Date		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirec Beneficial Ownershi (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Employee Stock Option (right to buy)	\$ 11.69	01/24/2018		A		100,000		(1)	01/23/2028	Commo	n 100,000	\$ 0	100,000	D	
Repor	ting O	wners				Relation	ships	S							

# NEWARK, CA 94560 Signatures

Dickinson Klara

/s/ Sujal Shah, as attorney-in-fact	01/26/2018
**Signature of Reporting Person	Date

#### **Explanation of Responses:**

Reporting Owner Name / Address

C/O CYMABAY THERAPEUTICS, INC.

7999 GATEWAY BOULEVARD

- \* 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).

Director 10% Owner

Officer

SVP, Regulatory and Quality

Other

(1) The option vests as to 1/4 of the underlying shares on January 1, 2019, and vests as to 1/48 of the underlying shares monthly thereafter.

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.