FORM 4

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

OMB APPROVAL						
DMB Number:	3235-0287					
Estimated average burden						
nours per respon	se 0.5					

Check this box if no 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 Ty	pe Response	s)													
Name and Address of Reporting Person *				2. Issuer Name and Ticker or Trading Symbol						5. Relation		orting Perso		er	
Shah Sujal			Cyn	CymaBay Therapeutics, Inc. [CBAY]						(Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O CYMABAY THERAPEUTICS, INC., 7999 GATEWAY BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 07/27/2018						X Officer (give title below) Other (specify below) Chief Executive Officer				
(Street)			4. If	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					
NEWARK, CA 94560															
(City)	(State)	(Zip)		Table I - Non-Derivative Securities Acqui						red, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		I	Transaction ate Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	5. Amount of Securiti Beneficially Owned I Reported Transaction (Instr. 3 and 4)		Following (s)	()	7. Nature of Indirect Beneficial Ownership	
						Code	V	Amoun	(A) or t (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock	(07/27/2018			P		5,000	A	\$ 10.9	95,000			D	
			Table II -		tive Securiti uts, calls, wa	es Acquire	d, Di	sposed o	of, or Ben	eficial	-		ntrol numb	er.	
Security	2. 3. Transact Conversion or Exercise Price of Derivative Security			d Date, if	e, if Transaction of		and Expiration Date (Month/Day/Year) Am Un. Sec			7. Ti Amo Und Secu (Inst			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (I or Indire))
					Code V	(A) (D)	Date Exer		Expiration Date	n Title	Amount or Number of Shares				
Repor	ting O	wners													
					F	Relationshi	ps								
Rep	orting Own	er Name / Add	ress		00/ 0	0.00			0.1						

Booking Committee (Addition	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
Shah Sujal C/O CYMABAY THERAPEUTICS, INC. 7999 GATEWAY BOULEVARD NEWARK, CA 94560	X		Chief Executive Officer				

Signatures

/s/ Sujal Shah	07/28/2018
**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.

