FORM	4
------	---

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

(Print or Type Respons	es)											
1. Name and Address of GOLDFISCHER C	2. Issuer Name <b>an</b> CymaBay Therap			0.5	ol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X. Director 10% Owner						
C/O CYMABAY T GATEWAY BOUL		CS, INC., 7575	3. Date of Earliest Transaction (Month/Day/Year) 01/29/2019						ther (specify belo	ow)		
(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)	T	able I - Nor	1-Der	ivative S	ecurities	Acqu	ired, Disposed of, or Beneficially Ov	vned		
1.Title of Security		2. Transaction	2A. Deemed	3. Transact	tion	4. Securities Acquired			5. Amount of Securities Beneficially	6.	7. Nature	
(Instr. 3)		Date	Execution Date, if Code (A) or Disposed of (D)			Owned Following Reported	Ownership	of Indirect				
		(Month/Day/Year)	any (Instr. 8) (Instr. 3, 4 and 5)				Transaction(s)	Form:	Beneficial			
			(Month/Day/Year)						(Instr. 3 and 4)		Ownership	
										or Indirect	(Instr. 4)	
				<b>C</b> 1	*7		(A) or	n ·		(l) (l)		
				Code	V	Amount	(D)	Price		(Instr. 4)		

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. Numb	. Number 6. Date Exercisab		cisable and	7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	tion	of	of Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		Derivativ	Derivative (Month/Day/Year) U		Underlying Se		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	)	Securitie	es			Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acquired	b	(		(Instr. 3 and 4)			Owned	Security:	(Instr. 4)
	Security					(A) or						Direct (D)			
						Disposed	d of				1	or Indirect			
						(D)					Transaction(s)				
						· ·	4,					(Instr. 4)	(Instr. 4)		
						and 5)	1								
											Amount				
								Date	Expiration		or				
								Exercisable							
				Celle	<b>x</b> 7										
				Code	v	(A)	(D)				Snares				
Stock															
Option	¢ 0 1 2	01/20/2010		٨		27 705		(I)	01/28/2020	Common	27 705	¢ 0.	27 705	D	
(right to	<b>р 0.4</b> 3	01/29/2019		A		27,705		11	01/26/2029	Stock	27,705	\$0	27,705	D	
Stock Option (right to buy)	\$ 8.43	01/29/2019		Code	v	(Instr. 3, and 5)	(D)	Exercisable		Title Common	Number of Shares		(Inst		r. 4) (Instr. 4)

# **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
GOLDFISCHER CARL C/O CYMABAY THERAPEUTICS, INC. 7575 GATEWAY BOULEVARD, SUITE 110 NEWARK, CA 94560	x						

### **Signatures**

/s/ Sujal Shah, as attorney-in-fact	01/31/2019
**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).

(1) The option vests as to 1/12 of the underlying shares monthly from January 1, 2019.

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.