FORM 4

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

OMB APPROVAL					
MB Number:	3235-0287				
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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).

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

	pe Response													
I. Name and Address of Reporting Person *- Wills Robert James (Last) (First) (Middle) C/O CYMABAY THERAPEUTICS, INC., 7575 GATEWAY BOULEVARD, SUITE 110 (Street) NEWARK, CA 94560 (City) (State) (Zip)			Issuer Name and Ticker or Trading Symbol CymaBay Therapeutics, Inc. [CBAY] Date of Earliest Transaction (Month/Day/Year) 01/29/2019					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
									e title below)		er (specify below)		
			4. If Amendment, Date Original Filed(Month/Day/Year) Table I - Non-Derivative Securities Acqui					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person irred, Disposed of, or Beneficially Owned				ie)		
												1.Title of S (Instr. 3)	1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year	
Reminder	report on a	separate fine for ca	ch class of securities	3 OCHCIICIA	iny owner	a ancen	<u>- </u>		nd to th	ne collection	of inform	nation	SEC 14	174 (9-02)
Reminder:			Table II - I	Derivative	e Securiti	es Acau	contain form dis	ed in this for splays a cur	rm are i rently v	not required alid OMB co	l to respo	nd unless th		
			(rrants,	form dis ired, Dispo	ed in this for splays a curr sed of, or Ben evertible secu	rm are i rently v reficially	not required alid OMB co	I to respond	nd unless th	ie	
1. Title of Derivative	Conversion	3. Transaction Date (Month/Day/Year	3A. Deemed Execution Date, if	4. Transact	5. Notion of Derivor Secure (A) of Disp (D)	wative rities nired or osed of r. 3, 4,	form dis ired, Dispo	ed in this for splays a currence sed of, or Ben avertible secu- crecisable and Date	rently v reficially rities) 7. Title Amour Underl Securit	not required ralid OMB co r Owned e and nt of lying	I to respondent on trol numbers of the second of the secon	nd unless th	f 10. Ownershi Form of Derivative Security: Direct (D) or Indirec	11. Natur p of Indire Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	5. Notion of Derivorse Acquired (A) of Disp (D) (Insti	varive rities aired or cosed of r. 3, 4, 5)	contain form district, Disposoptions, core of Date Exe Expiration (Month/Date Exercisable Exercisable	ed in this for splays a curl sed of, or Ben exertible securorisable and Date y/Year)	rently v reficially rities) 7. Title Amour Underl Securit	not required valid OMB control of Owned e and ent of lightness ties	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	f 10. Ownershi Form of Derivative Security: Direct (D) or Indirect	11. Natu p of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Wills Robert James 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.