FORM 4

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

| OMB APPROVAL | | | | | |
|-------------------------|-----------|--|--|--|--|
| MB Number: | 3235-0287 | | | | |
| stimated average burden | | | | | |
| ours per response | 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 Typ | e Responses |) | | | | | | | | | | | | | |
|---|-------------|----------------------------|---|--|-------|--|--------|--|---|--|-------------------------------------|-------------|---|--------------------------------|-----------------------|
| 1. Name and Address of Reporting Person * McWherter Charles | | | | 2. Issuer Name and Ticker or Trading Symbol CymaBay Therapeutics, Inc. [CBAY] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| (Last) (First) (Middle) C/O CYMABAY THERAPEUTICS, INC., 7575 GATEWAY BOULEVARD, SUITE 110 | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/29/2019 | | | | | | X Officer (give title below) Other (specify below) Chief Science Officer | | | | | | |
| (Street) | | | 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 | | | | | |
| | C, CA 9456 | | (7:-) | | | | | | | - | | | | | |
| (City) | , | (State) | (Zip) | | | Tabl | le I - | Non-Deri | ivative Securiti | es Acquir | red, Disposed | of, or Bene | ficially Owr | ied | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | 2A. Deemed Execution Date, i any (Month/Day/Yea | | Year) | (Instr. 8) | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | 1 | | Beneficial Ownership | |
| 1. Title of Derivative Security (Instr. 3) | Price of | | 3A. Deemed Execution Date, if | 4. Transaction Code | | 5. Number of Derivative Securities Acquired (A) | | Expiration Date of 1 (Month/Day/Year) Sec | | 7. Title of Und Securit | and Amount erlying | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s | Ownersh Form of Derivati | Beneficia Ownershi |
| Security | or Exercise | n Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Code | | Securities | | | | Securit | ies | | | Form of | ve Ownershi |
| | Security | | | | | | | | | | | | | () () | ect |
| | | | | Code | v | (A) | (D) | Date Exercisal | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
| Employee Stock Option (right to buy) | \$ 8.43 | 01/29/2019 | | A | | 172,891 | | (1) | 01/28/202 | 9 Comn Stoc | 1172 891 | \$ 0 | 172,891 | D | |
| Repor | ting O | wners | | | | | | | | | | | | | |

| Bon anting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|-----------------------|-------|--|--|--|
| Reporting Owner Name / Address | | 10% Owner | Officer | Other | | | |
| McWherter Charles C/O CYMABAY THERAPEUTICS, INC. 7575 GATEWAY BOULEVARD, SUITE 110 NEWARK, CA 94560 | | | Chief Science Officer | | | | |

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 1/4 of the underlying shares on January 1, 2020, 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.