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

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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

(Print or Typ	e Responses	)														
1. Name and Address of Reporting Person * Boudes Pol F				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., 7575 GATEWAY BOULEVARD, SUITE 110				3. Date of Earliest Transaction (Month/Day/Year) 01/29/2019						X	X Officer (give title below) Other (specify below)  Chief Medical Officer					
(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					
NEWARK, CA 94560			(71)													
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acquir							s Acquired	red, Disposed of, or Beneficially Owned				
		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea		ate, if (	(Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)  (A) or Amount (D)		of (D) Ow Tra	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		I (	Ownership of Brorm:	eneficial wnership	
Reminder: R	eport on a so	eparate line for each	Table II - 1	Derivativ	e Se	ecurities	Acqui	Perso conta form o	ons who ined in t displays	this forr a curre or Bene	m are not ently valid ficially Ov	required to d OMB cor	of informa to respond ntrol numb	l unless the		174 (9-02)
Derivative Security	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		ptions, convertible secur 6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisa	Expi ble Date	ration	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Employee Stock Option (right to buy)	\$ 8.43	01/29/2019		Α		138,31	2	Ш	01/2	28/2029	Commo: Stock	n 138,312	\$ 0	138,312	D	
Report	ting O	wners				Relati	mehim	10								

D ( O N ( ) )	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Boudes Pol F C/O CYMABAY THERAPEUTICS, INC. 7575 GATEWAY BOULEVARD, SUITE 110 NEWARK, CA 94560			Chief Medical 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.