## FORM 4

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

OMB APPE	ROVAL
OMB 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

1. Name and Address of Reporting Person* Menold Daniel  (Last) (First) (Middle) C/O CYMABAY THERAPEUTICS, INC., 7575 GATEWAY BOULEVARD, SUITE 110  (Street)  NEWARK, CA 94560				2. Issuer Name and Ticker or Trading Symbol CymaBay Therapeutics, Inc. [CBAY]      3. Date of Earliest Transaction (Month/Day/Year)     01/26/2021      4. If Amendment, Date Original Filed(Month/Day/Year)						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X Officer (give title below) Other (specify below)  Vice President, Finance  6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
			, INC., 7575						X						
			2						_X_						
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu						Acquired	ured, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)			, if Co	Transa ode ostr. 8)	(A	Securities Acqu ) or Disposed o astr. 3, 4 and 5)	f (D) Own Tran	Owned Following Reported Transaction(s)		1	Ownership of Form:	Beneficial
				(Month/	Day/Y		Code	V Amount (A) (C)		Price	(Instr. 3 and 4)			Direct (D) Ownership or Indirect (Instr. 4) (I) (Instr. 4)	
Reminder: Re									who respond orm are not re						174 (9-02)
Keminder. Ri								in this for a curren	orm are not re tly valid OMB sed of, or Benef	quired to control n	respond ( umber.				(7-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact	s, calls tion of Sc A or	Numb Deriva curitie cquired Dispo (D) nstr. 3,	er 6 ntive B s (I	in this for a curren red, Dispos ptions, con	orm are not re tly valid OMB sed of, or Benef vertible securi- rcisable and Date	quired to control n	respond unumber. ned d Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Nature of Indire Benefic Owners: (Instr. 4
Title of     Derivative     Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	s, calls tion of Sc A or	Numb Deriva ecuritie cquired Dispo	nnts, oper 6 (I)	in this for a current red, Dispose ptions, con 6. Date Exe Expiration 1	orm are not rettly valid OMB sed of, or Benefice vertible securions and Date //Year)  Expiration	required to control n ricially Own ties)  7. Title an of Underly Securities	respond unumber. ned d Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Nature of Indirection Benefic Owners (Instr. 4

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Menold Daniel C/O CYMABAY THERAPEUTICS, INC. 7575 GATEWAY BOULEVARD, SUITE 110 NEWARK, CA 94560			Vice President, Finance			

### **Signatures**

/s/ Sujal Shah, as attorney-in-fact for Daniel Menold	01/27/2021
**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 1/48 of the underlying shares monthly from January 1, 2021.

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.