FORM 4

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

OMB APPRO	IVAL
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

	nd Address of Caroline M	f Reporting Person*					er or Trading cs, Inc. [C	•		Relationship Director		ng Person(s) to k all applicable		
	MABAY T	(First) THERAPEUTICS LEVARD, SUIT	S, INC., 7575	3. Date o 01/26/2		Transa	ction (Month	/Day/Year)		Officer (giv	e title below)	Other	(specify below))
NEWAR	K, CA 94:	(Street)		4. If Ame	endment,	Oate Or	iginal Filed(N	Month/Day/Year)	_X_	6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting PersonForm filed by More than One Reporting Person)		
(Cit	y)	(State)	(Zip)			Table	I - Non-Der	ivative Securitie	es Acquired	, Disposed	of, or Bene	eficially Owner	d	
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	any	emed on Date, i	Code (Inst	r. 8)	4. Securities Acq (A) or Disposed of (Instr. 3, 4 and 5) (A) or Amount (D)	of (D) Own Trai		Securities Being Reporte	d C F D	Ownership orm: B Oirect (D) r Indirect (I	. Nature f Indirect geneficial ownership (Instr. 4)
Reminder:	Report on a s	separate fine for each	r class of securities (,			ne who reenon	d to the co	ollection	of informat	tion contains	d SEC 14	174 (0.02)
Reminder:	Report on a s	separate file for each	Table II -	Derivati	ive Secur		Person in this displa quired, Disp	ns who respon form are not r ys a currently	equired to valid OMB eficially Ow	respond control r	unless the		ed SEC 14	174 (9-02)
1. Title of	•	3. Transaction	Table II - 3A. Deemed Execution Date, if	Derivati (e.g., put 4. Transac Code	5. N tion of D Sect Acq or D of (I	warrant imber erivative rities hired (A isposed b) r. 3, 4,	Person in this displated quired, Displated, Displated, Displated, Displated quired,	form are not represented to the security of th	equired to valid OMB eficially Ow	respond control r red d Amount ring	unless the number.	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu p of Indire Benefici Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - 3A. Deemed Execution Date, if any	Derivati (e.g., put 4. Transac Code	ive Secur ts, calls, v 5. N tion of D Security Acq or D of (I (Inst	mmber erivativ rities nired (Assposed 9) r. 3, 4,	quired, Disparation (Month/Disparation) Date Exercisable	form are not r ys a currently cosed of, or Benconvertible secur tercisable and Date ay/Year)	equired to valid OMB eficially Own eficially Own eficially Own eficially Own fittes) 7. Title and of Underly Securities	respond control r red d Amount ring	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership 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		
Loewy Caroline M C/O CYMABAY THERAPEUTICS, INC. 7575 GATEWAY BOULEVARD, SUITE 110 NEWARK, CA 94560	X					

Signatures

ey-in-fact for Caroline Loewy 01/27/2021	/s/ Sujal Shah, as attor
of Reporting Person Date	**Signatu
f Reporting Person	—Signati

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, 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.