| FORM 4 | 4 |
|--------|---|
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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). |
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 Wills Robert James | 2. Issuer Name and CymaBay Thera | | | · · | 1 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|--|--|--------------------------------------|--------------|------------|--|--|--|--|--|-------------------------|
| (Last) (First) C/O CYMABAY THERAPEUTICS GATEWAY BOULEVARD, SUITH | S, INC., 7575 | 3. Date of Earliest Tr 01/26/2021 | ransaction (| Montl | h/Day/Yea | ar) | | Officer (give title below) O | ther (specify belo | ow) |
| (Street) NEWARK, CA 94560 | | 4. If Amendment, Da | ate Original | Filed | (Month/Day/ | Year) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | |
| (City) (State) | (Zip) | r | fable I - No | on-De | rivative S | Securitie | uired, Disposed of, or Beneficially Owned | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Date, if | (Instr. 8) | | 4. Securi (A) or Di (Instr. 3, Amount | isposed o | f(D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| - | (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|--------------------------------------|--|--------------------------|---|------|-----------|--------------------------------|-----|-------------|--------------------|--|--|--------------------------------------|--|---|--|
| Security (Instr. 3) | Conversion | Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | tion) | on of Derivative Securities | | (Month/Day | Date | 7. Title and Amount of Underlying Securities | | Derivative Security (Instr. 5) | Derivative Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect (I) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
| Stock Option (right to buy) | \$ 5.78 | 01/26/2021 | | А | | 32,000 | | (1) | 01/25/2031 | Common Stock | 32,000 | \$ 0 | 32,000 | D | |

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 | Х | | | | | | |

Signatures

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.