FORM 4

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

OMB APPRO	VAL
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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

I. Name and Address of Reporting Person * EMSTER KURT VON (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]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)XDirector10% Owner						
			S, INC., 7575	3. Date of Earliest Transaction (Month/Day/Year) 01/26/2021						Officer (giv	e title below)	Other	(specify below))
			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 PersonForm filed by More than One Reporting Person					
(Cit	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acquii				s Acquired	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		Execution Date, if		Code (Inst	: (4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		Transaction(s) (Instr. 3 and 4)		d C F D o	orm: B orect (D) or r Indirect (I	7. Nature of Indirect Beneficial Ownership Instr. 4)		
Reminder:	report on a s						Person	s who respon	d to the co	ollection	of informat	tion contains	d SEC 14	174 (9-02)
Reminder:	report on a .		Table II -				in this display	ns who respon form are not r ys a currently osed of, or Beno povertible secur	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	4. Transac Code	5. N of D Secu Acq or D of (I	mber erivative rities hired (A isposed b) r. 3, 4,	quired, Disp s, options, c 6. Date Ex Expiration (Month/Da	form are not r ys a currently cosed of, or Bene- convertible secur- ercisable and Date	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	4. Transac Code	5. N of D Secu Acq or D of (I (Inst	mmber erivativ rities nired (Assposed 9) r. 3, 4,	in this display quired, Disp s, options, c 6. Date Ex Expiration (Month/Da) Date Exercisabl	form are not r ys a currently cosed of, or Bend convertible secur ercisable and Date ny/Year) Expiration	equired to valid OMB eficially Ow ities) 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	
EMSTER KURT VON C/O CYMABAY THERAPEUTICS, INC. 7575 GATEWAY BOULEVARD, SUITE 110 NEWARK, CA 94560	X				

Signatures

/s/ Sujal Shah, as attorney-in-fact for Kurt von Emster	02/01/2021	
-**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 1/12 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.