Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|----------------------|---------------|-----------|
| | | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>HENDERSON JOHN T</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol CYTOKINETICS INC [CYTK] | | | | | | | (Ch | Relationship (eck all applic X Directo | cable) | g Pers | son(s) to Iss 10% Ov | |
|--|--|---|-------------|--|-------|--|--------|--------|---|---|---|--|---|--|---------------------------------------|--------|-------------------------|--------|
| (Last) 280 EAS | (Last) (First) (Middle) 280 EAST GRAND AVENUE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2019 | | | | | | | | Officer below) | (give title | | Other (s below) | pecify |
| (Street) SOUTH SAN FRANCISCO CA 94080 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | dividual or Joint/Group Filing (Check Applicable c) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | · | (Zip) | | | | | | | | | | | | | | | |
| | | | le I - Non- | | | _ | | | | Disp | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/D. | | | | Execution Date, | | Code (Instr. 5) | | | Beneficia | ties Fo cially (D I Following (I) | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Transact (Instr. 3 a | ion(s) | | | (50. 4) | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | se (Month/Day/Year) if any Cod (Month/Day/Year) 8) | | ansaction of ode (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | C | ode \ | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | |
| Non- Qualified Stock Option (right to buy) | \$10.68 | 05/15/2019 | | | A | | 20,000 | | (1) | 0 | 5/15/2029 | Common Stock | 20,000 | \$10.68 | 20,000 | | D | |

Explanation of Responses:

1. This option shall vest and become exercisable in 12 equal monthly installments and shall become fully vested on May 15, 2020

By: Pete Roddy For: John 05/17/2019 **Henderson**

** Signature of Reporting Person Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.