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FORM 4

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

| 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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OWR APPRO | VAL |
|-------------------------|-----------|
| OMB Number: | 3235-0287 |
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| hours per response: | 0.5 |

| | ss of Reporting Pers | son [*] | 2. Issuer Name and Ticker or Trading Symbol CYTOKINETICS INC [CYTK] | | tionship of Reporting Per all applicable) | son(s) to Issuer | | |
|--|----------------------|------------------|--|-----------------|--|-----------------------|--|--|
| <u>Blum Robert I</u> | | | | X | Director | 10% Owner | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | x | Officer (give title below) | Other (specify below) | | |
| (Last) (First) (Middle) 280 EAST GRAND AVENUE | | | 10/05/2018 | President & CEO | | | | |
| (Street) SOUTH SAN | | 0.4000 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) | idual or Joint/Group Filin | | | |
| FRANCISCO | CA | 94080 | | | orting Person n One Reporting | | | |
| (City) | (State) | (Zip) | | | Person | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|---|--|---|---|--------|---------------|----------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 10/05/2018 | | S ⁽¹⁾ | | 4,000 | D | \$8.7945 | 160,022 | D | |
| Common Stock | | | | | | | | 2,083 | Ι | by Trust 1 ⁽²⁾ |
| Common Stock | | | | | | | | 2,083 | Ι | by Trust 2 ⁽³⁾ |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| (e.g., pu | | | | | uis, c | ans, | vvari | ants, | options, | Convertin | 16 360 | Junitesj | | | | |
|-----------|---|---|--|---|------------------------------|------|--|--|--|--------------------|--|--|---|--|--|--|
| | 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 any (Month/Day/Year) | 4. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5 | vative rities ired r osed) . 3, 4 | 6. Date Exerc Expiration Da (Month/Day/) | ate | 7. Title Amour Securi Under Deriva Securi and 4) | nt of ties lying tive ty (Instr. 3 | 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) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The sales reported herein were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 27, 2017.

2. Shares held by The Bridget Blum 2003 Irrevocable Trust.

3. Shares held by The Brittany Blum 2003 Irrevocable Trust.

Robert Blum

10/05/2018

** Signature of Reporting Person Date

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

 \ast 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.