FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ashington, D.C. 20549 | |
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OMB APPROVAL 3235-0287 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden

hours per response:

0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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] | | | | | | | | | | k all app Direc | tionship of Reportir all applicable) Director | | 10% Ov | vner |
|--|---|--|--------|---------------------------------|--|--|--|---|----------|--|-----------------------|-----------------------|---|-----------------------|---|--|-----|---|--|
| (Last) (First) (Middle) 350 OYSTER POINT BLVD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/03/2022 | | | | | | | | | | Office below | er (give title v) | | Other (s | specify |
| | (Street) SOUTH SAN FRANCISCO CA 94080 | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | <i>'</i> | | | | on |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | ecui | rities | Acq | uired, | Dis | posed of | , or B | enefi | cially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securitie Disposed 0 5) | | | s Acqui Of (D) (In | red (A) istr. 3, 4 | 4 and Securi Benefi | | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Pri | се | Transa | ction(s) 3 and 4) | | | (111501. 4) |
| Common Stock | | | | 10/03/2022 | | | | A ⁽¹⁾ | | 391 | A | \$5 | 51.11 | 24,440 | | | D | | |
| Common Stock | | | | | | | | | | | | | | | 83 | | | by Spouse | |
| 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 | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | 4. Transac Code (I 8) | | 5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr.: and 5) | itive ities red sed 3, 4 | Expirati | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficial! Owned Following Reported Transactio (Instr. 4) | y G | 10. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. Shares issued at Reporting Person's election pursuant to Issuer's stock in lieu of cash for all or part of director's annual base retainer program. Shares are fully vested from the moment of grant. Shares are issued at per share price of \$51.11, representing the closing stock price of the Issuer's common stock on October 3, 2011.

(D)

(A)

Date Exercisable

Expiration Date

/s/ John Faurescu, attorney-in-10/05/2022 fact for Dr. Henderson

Shares

Title

** 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).

Code V

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.