FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL										
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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

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

Name and Address of Reporting Person* GILBERT DENISE						2. Issuer Name and Ticker or Trading Symbol CYTOKINETICS INC [CYTK]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last)	(Fi	rst) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/18/2011										(give title		Other (s	- 1		
280 EAS	4. If A	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable										
(Street) SOUTH SAN FRANCISCO CA 94080																Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Exe if a	Deemed ecution I ny onth/Day	Date,	3. Transaction Code (Instr.) 8)		4. Securities Acquired Disposed Of (D) (Instr. and 5)			Securiti Benefic Owned	Securities Fo Beneficially (D) Owned Ind		m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	t (A) or (D)		Price	Reporte Transac	tr. 4)			(Instr. 4)				
			Table						quired, Dis s, options,						vned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	tion Date, Code (Instr. B)					7. Title a Amount Securiti Underly Derivati Security and 4)	of es ing ve	r. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative e Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership					
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	or Nu of	mber ares							
Non- Qualified Stock Option (right to buy)	\$1.44	05/18/2011			A		20,000		06/18/2011 ⁽¹	0	5/18/2021	Commor Stock	20	,000	\$0	20,000		D			
Non- Qualified Stock Option (right to buy)	\$1.85								06/21/2009 ⁽²	2) 0	5/21/2019	Commor Stock	15	,000		15,000		D			
Non- Qualified Stock Option (right to buy)	\$2.81								06/20/2010 ⁽²	3) 0	5/20/2020	Commor Stock	20	,000		20,000		D			
Non- Qualified Stock Option (right to buy)	\$3.87								06/14/2008 ⁽⁴	0	5/14/2018	Commor Stock	30	,000		30,000		D			

Explanation of Responses:

- 1. This option shall vest and become exercisable as to 20,000 shares divided into equal monthly installments such that the option shall be 100% vested on May 18, 2012.
- 2. This option shall vest and become exercisable as to 15,000 shares divided into equal monthly installments such that the option shall be 100% vested on May 21, 2010.
- 3. This option shall vest and become exercisable as to 20,000 shares divided into equal monthly installments such that the option shall be 100% vested on May 20, 2011.
- 4. This option shall vest and become exercisable as to 833 shares on 06/14/08 and the balance of 29,167 divided into equal monthly installments thereafter such that the option shall be 100% vested on 05/14/11.

By: Sharon Barbari For: Denise Gilbert

** Signature of Reporting Person Date

05/19/2011

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.