FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. 20549 |
|---------------|------------|
|---------------|------------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | | | | | | | | | |

| 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 193 |
| | or Section 30(h) of the Investment Company Act of 1940 |

| 1. Name and Address of Reporting Person* WIERENGA WENDALL | | | | 2. Issuer Name and Ticker or Trading Symbol <u>CYTOKINETICS INC</u> [CYTK] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | |
|---|--|---|---------|--|--|---|----------------------|-------------------------|--------------------|---------------------------------------|-----------------------------------|---|--|--|--|--|--|--|--|
| (Last) 350 OYS | (Fii STER POIN | , | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2022 | | | | | | | | | | | er (give title | | Other (s | | |
| (Street) SOUTH FRANCE | $C\Delta$ 94080 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | | Zip) | | | | | | | | | | | | | | | | |
| 1 Title of | Sagurity (Inc. | | I - Non | -Deriva | | _ | | | uired, | Dis | osed of | - | | | Own | | 6.0 | nership | 7. Nature |
| Date | | | | | Day/Year) Execution D | | Execution Date, | | Transaction Dispo | | Disposed | | | | Securit Benefic Owned | ecurities eneficially wned Following | | : Direct r Indirect str. 4) | of Indirect Beneficial Ownership |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pi | rice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 07/01/2 | | | | | 2022 | | | A ⁽¹⁾ | | 137 | A | | \$41 | 12,170 | | D | | | |
| | 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) | vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | n Date, | Transaction Code (Instr. 8) S. A. (A. D. | | of Deriv Secu Acqu (A) o Disp of (D | osed) r. 3, 4 | Expiration Da | | e Amour Securi Underl Deriva | | int of rities rlying ative rity (Ins | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y 0 | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amou or Numb of Share | er | | | | | | | |

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 directors' annual base retainer program. Shares are fully vested from the moment of grant. Shares are issued at per share price of \$41.00, representing the closing stock price of the Issuer's common stock on July 1, 2022.

/s/ John Faurescu, attorney-in-07/12/2022 fact for Dr. Wierenga

** 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.