FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per response:								

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* SPUDICH JAMES A						2. Issuer Name and Ticker or Trading Symbol CYTOKINETICS INC [CYTK]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	3. Da	3. Date of Earliest Transaction (Month/Day/Year) 01/08/2008										Director Officer (give title below)		10% O Other (s below)							
	ST GRAND	AVENUE	4 If A	4. If Amendment, Date of Original Filed (Month/Day/Year)										ividual or Joint/Group Filing (Check Applicable							
(Street) SOUTH SAN CA 94080					-	11101		it, Duc	o or original	1 1100	z (Monun	Lin	Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
FRANC																					
(City)	(S	tate)	(Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
				2. Transac Date (Month/Da		Exe if a	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.) 8)		4. Securities Acquired Disposed Of (D) (Instr. and 5)			Securit Benefic Owned	5. Amount of Securities Beneficially Owned		: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amoun		A) or D)						(Instr. 4)		
Common	Stock			01/08/	2008	008			S ⁽¹⁾		2,20	0	D	\$4.5	1 18	87,400		D			
Common	2008	008					800	00 D		\$4.5	3 18	6,600	600 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed on Date, Day/Year)	4. Transaction Code (Instr 8)		on Number E		6. Date Exercisabl Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y	IO. Dwnership Form: Direct (D) or Indirect I) (Instr. I)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		opiration ate	Title	Or No	umber							
Non- Qualified Stock Option (right to buy)	\$1.2								07/10/2002 ⁽²	07	7/10/2012	Comm		0,000		10,000		D			
Non- Qualified Stock Option (right to buy)	\$5.55								05/19/2005	05	5/19/2015	Comm		7,500		7,500		D			
Non- Qualified Stock Option (right to buy)	\$6.55								05/24/2007	05	5/24/2017	Comm		7,500		7,500		D			
Non- Qualified Stock Option (right to	\$7.29								05/25/2006	05	5/25/2016	Comm		,500		7,500		D			

Explanation of Responses:

^{1.} The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on February 8, 2007.

2. This option is immediately exercisable upon grant and shall vest as to 417 shares on 06/01/02 and the balance of 9,583 divided into equal monthly installments thereafter such that the option shall be 100% vested on 05/01/04.

By: James H. Sabry For: James A. Spudich

** 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.