FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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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

1. 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) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/22/2012									r (give title		Other (s			
280 EAST GRAND AVENUE				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. Transact Date (Month/Day					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			n: Direct	7. Nature of Indirect Beneficial Ownership		
							Code	,	Amount	(A) o	r Price		ed	(Instr. 4)		(Instr. 4)			
			Tabl						quired, Disp s, options, o					wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Dee Executi if any (Month	med	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$0.91	05/22/2012			Α		25,000		06/22/2012 ⁽¹⁾	05	5/22/2022	Common Stock	25,000	\$0	25,000		D		
Non- Qualified Stock Option (right to buy)	\$1.44								06/18/2011 ⁽²⁾	05	5/18/2021	Common Stock	20,000		20,000		D		
Non- Qualified Stock Option (right to buy)	\$1.85								06/21/2009 ⁽³⁾	05	5/21/2019	Common Stock	15,000		15,000		D		
Non- Qualified Stock Option (right to buy)	\$2.81								06/20/2010 ⁽⁴⁾	05	5/20/2020	Common Stock	20,000		20,000		D		
Non- Qualified Stock Option (right to buy)	\$3.87								06/14/2008 ⁽⁵⁾	0.5	5/14/2018	Common Stock	30,000		30,000		D		

Explanation of Responses:

- 2. 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.
- 3. 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.
- 4. 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.
- 5. 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 A. Barbari For:
Denise M. Gilbert

05/23/2012

** 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.