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

Name and Address of Reporting Person* GAGE L PATRICK						2. Issuer Name and Ticker or Trading Symbol CYTOKINETICS INC [CYTK]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(Fi	First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 01/03/2011								X Directory Office below	r (give title		10% O Other (below)	specify	
280 EAST GRAND AVENUE					4. If A	4. 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)	(St	tate)	(Zip)																
		Tab	le I - N	on-Deriv	vative	Sec	urities	Ac	quired, Di	spos	ed o	f, or Be	neficia	Ily Owne	d				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,			Transaction Dispose Code (Instr. and 5)		rities Acquired (A) o ed Of (D) (Instr. 3, 4			ies cially	Forr (D) o	wnership m: Direct or rect (I) tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	/ An	nount	(A) c	Price	Reported		(11131	4)	(111501. 4)		
			Table						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. Deemed Execution Date, if any (Month/Day/Year		4. Transac Code (Ir 8)			6. Date Exercisable al Expiration Date (Month/Day/Year)		and	nd 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4)		Beneficial Ownership		
					Code	Code V (A)		(D)	Date Exercisable	Expir Date	ation	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$2.16	01/03/2011			A		46,296		02/03/2011 ⁽¹⁾	01/03/	/2021	Common Stock	46,296	\$0.864 ⁽²⁾	46,296		D		
Non- Qualified Stock Option (right to buy)	\$2.81								06/20/2010 ⁽³⁾	05/20/	/2020	Common Stock	20,000		20,000		D		
Non- Qualified Stock Option (right to buy)	\$3.33								12/05/2009 ⁽⁴⁾	11/05/	/2019	Common Stock	30,000		30,000		D		

Explanation of Responses:

- 1. This option shall vest and become exercisable as to 46,296 shares divided into equal monthly installments such that the option shall be 100% vested on January 3, 2012.
- 2. This option was issued to the reporting person pursuant to the Cytokinetics 2004 Equity Incentive Plan in lieu of an annual retainer of \$40,000.
- 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 12/05/09 and the balance of 29,167 divided into equal monthly installments thereafter such that the option shall be 100% vested on 11/05/12.

By: Sharon Barbari For: L. 01/04/2011 Patrick Gage

** 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.