FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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* HEIDRICH A GRANT III | | | | | CY | Issuer Name and Ticker or Trading Symbol CYTOKINETICS INC [CYTK] Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify) | | | | | |
|--|--|------------|------------------------|----------|---|--|---------|---------------------|--|------------------|---|---|--------|---|---|---|--|--|--|--|
| (Last) | (Fi | rst) (| Middle) | | 05/22 | 05/22/2008 | | | | | | | | | below) | 10 | | below) | pecily | |
| 2800 SAND HILL ROAD | | | | | 4. If A | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| SUITE 250 | | | | | | and the state of t | | | | | | | | Line) | | | | | | |
| (Street) MENLO PARK CA 94025 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (Si | tate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - N | on-Deriv | ative S | Sec | urities | Ac | quired, D | isp | osed o | f, or Be | nefici | ally | Owned | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | Execution Date, | | | 3. Transacti Code (Ins | | 4. Securities Acquired Disposed Of (D) (Instr. and 5) | | | 3, 4 Securit Benefit Owned | | ies Fo cially (D | | orm: Direct D) or ndirect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | е | Reporte Transac | | | (1.4) | msu. 4) | |
| 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) | Derivative Conversion Date (Month/Day/Year) if any | | Execution Date, if any | | 4. Transaction Code (Instr. 8) | | n of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | of De Se | Price : erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amour or Number of Shares | r | | | | | | | |
| Stock Option (right to buy) | \$3.83 | 05/22/2008 | | | A | | 15,000 | | 06/22/2008 ⁽¹⁾ | 0.5 | 5/22/2018 | Common Stock | 15,000 | | \$0 | 15,000 | | D | | |

Explanation of Responses:

 $1. \ The \ option \ becomes \ exercisable \ in \ 12 \ equal \ monthly \ installments \ beginning \ 6/22/08.$

Remarks:

<u>David L. Bandy, Attorney-In-</u> <u>Fact for the Reporting Person</u>

05/27/2008

** 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.