FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
h	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* 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)			Middle)		3. Dat			Trar	nsaction (Mo	nth/	Day/Year)		X	Officer below	10% Of Other (below)					
	ST GRAND		,		4 If A	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check AppLine)											pplicable				
(Street) SOUTH SAN FRANCISCO (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)										1 2 1						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				ction	ion 2A. Deemed Execution Date,			3. Transaction Code (Instr. 8) 4. Se Disputation and 5		4. Secur	curities Acquired osed Of (D) (Instr. 5)			5. Amor Securiti Benefic Owned Followi Reporte	unt of es ially ng	Forr (D) d Indi	m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	<u> </u>	Amount	(D)		ice	Transac (Instr. 3						
			Table						quired, Dis s, options,					/ Ow	ned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	ıtion Date, Transaction of				6. Date Exercisable and Expiration Date (Month/Day/Year) Amount of Securities Underlying Derivative Security (Insand 4)						3. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. 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	Amo or Num of Shar	ber							
Non- Qualified Stock Option (right to buy)	\$1.44	05/18/2011			A		20,000		06/18/2011 ⁽¹) 0	5/18/2021	Common Stock	20,0	000	\$0	20,000		D			
Non- Qualified Stock Option (right to buy)	\$2.16								02/03/2011 ⁽²	0	1/03/2021	Common Stock	46,2	96		46,296		D			
Non- Qualified Stock Option (right to buy)	\$2.81								06/20/2010 ⁽³	0	5/20/2020	Common	20,0	000		20,000		D			
Non- Qualified Stock Option (right to buy)	\$3.33								12/05/2009 ⁽⁴	1	1/05/2019	Common Stock	30,0	00		30,000		D			

Explanation of Responses:

- 1. 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.
- 2. 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.
- 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. Patrick Gage

** Signature of Reporting Person Date

05/19/2011

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.