FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average I	nurden								

0.5

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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					0.	0000	1011 00(11	, or tile	iiiveotiiie	00.	inpuny Act	0. 10	,-10								
Name and Address of Reporting Person*  Makila Fadas Thombours					2. Issuer Name and Ticker or Trading Symbol CYTOKINETICS INC [ CYTK ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Malik Fady Ibraham					<u> </u>										Direc	ctor	1	.0% C	wner		
-				-									_	X		er (give title			(specify		
(Last)	(1	First)	(Middle)					st Trans	saction (N	/lonth/	Day/Year)					belov	,		elow)		
280 EAST GRAND AVENUE				07/	07/11/2019								EVP Research & Development								
200 EAST GRAND AVENCE																					
(Street)					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6	6. Individual or Joint/Group Filing (Check Applicable						
SOUTH	SAN													L	Line)						
FRANCI	(	CA	94080												X Form filed by One Reporting Person						
	300														Form filed by More than One Reporting						
					-											Pers	son				
(City)	(:	State)	(Zip)																		
		Tak	le I - No	n-Deriv	vative	Se	curiti	es Ac	quired	, Dis	posed o	of, o	r Ben	efici	ally	Owne	ed				
1. Title of S	Security (In:	str. 3)		2. Trans	saction	ction 2A. Deemed 3. 4. Securities Acquired									5. Am	ount of	6. Owners	hip	7. Nature		
	,,,	,		Date	DaylVa			recution Date,				ed Of (D) (Instr. 3,		3, 4 a	1 and Secur				Form: Direct (D) or Indirect	of Indirect Beneficial	
(Month/E				Dayrtea			any Ionth/Day/Year)		Code (Instr.   5)   8)						Owned Following		(I) (Instr. 4		Ownership		
									Code V		(A) or				Reported Transaction(s)				(Instr. 4)		
										V	Amount		(A) O. (D)	Price	•	(Instr. 3 and 4)					
Common Stock 07/11/					1/2019						1,500	D \$11		.26 126,567		D					
		Т	able II - I	Deriva	tiva S	2001	ıritias	Δεαιι	ired D	iena	need of	or F	Ranafi	iciall	v Ov	hanv					
		•									onvertib					viicu					
1. Title of 2. 3. Transaction 3A. Deemed 4.						1. 5. Number 6				6. Date Exercisable and 7. Title and					8 Pr	ice of	9. Number o	of 10.		11. Nature	
Derivative	Conversion	Date	Execution		Transa	Transaction		n of		Expiration Date			Amount of		Derivative		derivative	Ownership	ship	of Indirect	
Security or Exercise (Month/Day/Year) if any (Month/Day/Y					Code (   8)	ode (Instr.		r. Derivative Securities		(Month/Day/Year) Securities Underlying				Secu		Securities Beneficially	Form: Direct (D)	(D)	Beneficial Ownership		
(111311.3)	Derivative (Month/Day/Tear)				rear)   8)		Acquired		Derivative					(Instr. 5)		Owned	or Indi	rect	(Instr. 4)		
	Security				l		(A) or			Security (II				str. 3			Following Reported	(I) (Ins	tr. 4)		
								Disposed of (D)		and 4			anu 4)		1		Transaction	(s)			
								(Instr. 3, 4									(Instr. 4)	``			
							and 5)		<del>                                     </del>			<del>                                     </del>			-						
											Am or	ount									
									OI   Num		mber	r									
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	of e Sha	ares							

**Explanation of Responses:** 

Fady Malik

07/12/2019

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.