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 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).

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* <u>HENDERSON JOHN T</u>					2. Issuer Name and Ticker or Trading Symbol CYTOKINETICS INC [CYTK]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	(F	irst)	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 12/18/2023							Officer below)	Officer (give title below)		Other (s below)	pecify
350 OYSTER POINT BLVD				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)				_									X Form filed by One Reporting Person					
SOUTH SAN CA 94080 FRANCISCO											Form filed by More than One Reporting Person							
					- Ru	Rule 10b5-1(c) Transaction Indication												
(City)	(S	tate)	(Zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
		Tal	ole I - No	n-Deri	vative	Sec	curit	ies Ac	quired,	Dis	posed o	f, or Ber	neficially	y Owned				
			2. Transaction Date (Month/Day/Year)		r) Ex	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr.		ties Acquired (A) or I Of (D) (Instr. 3, 4 an		Beneficia	es ally following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of ndirect Beneficial Ownership Instr. 4)		
								Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)			(111341. 4)	
Common Stock													8	33			by Spouse	
Common Stock			12/18	18/2023				M ⁽¹⁾⁽²⁾		13,020) A	\$6.72	44,838			D		
Common Stock			12/18	8/2023	2023		S ⁽¹⁾⁽²⁾		2,458	D	\$36.3	4 42,	,380		D			
			Table II								osed of, onvertib			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transac Code (In 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and of Security Underlying Derivative (Instr. 3 and	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Non- Qualified Stock Option (Right to Buy)	\$6.72	12/18/2023			M ⁽¹⁾⁽²⁾			13,020	02/02/20	14	01/02/2024	Common Stock	13,020	\$0	0		D	

Explanation of Responses:

- 1. Transaction effected pursuant to a 10b5-1 plan meeting the requirements of Rule 10b5-1(c) under the Exchange Act entered into by the Reporting Person on September 18, 2023.
- $2. \ Sell-to-cover\ transaction.\ Dr.\ Henderson\ acquired\ a\ net\ 10,562\ shares\ of\ common\ stock,\ which\ he\ continues\ to\ hold.$

/s/ John Faurescu, attorney-infact for Dr. Henderson 12/19/2023

** 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.