FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | C. 20549 |
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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

| Name and Address of Reporting Person* Malik Fady Ibraham | | | | 2. Issuer Name and Ticker or Trading Symbol CYTOKINETICS INC [CYTK] | | | | | | | | | | k all app Direc | ship of Reporting applicable) irector | | 10% Ov | wner | |
|--|--|---------|----------|---|--|---|-----|--|---------------------|--|--------------------|---|---|--|---|---|--|--------------------------------------|--|
| (Last) | (Fir | , | ⁄liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/09/2023 | | | | | | | | | X | Officer (give title below) EVP Research | | & D | Other (specify below) & Development | |
| | (Street) SOUTH SAN FRANCISCO CA 94080 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | Form Form | ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (Z | Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intend satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | ended to | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Exec | | Deemed ecution Date, ny onth/Day/Year) | | | | es Acquired (A Of (D) (Instr. 3, | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pri | се | | nsaction(s) str. 3 and 4) | | | (Instr. 4) | |
| Common Stock | | | 11/09/ | 11/09/2023 | | | | | | 2,500 | D \$ | | 35.4 | 150,664 | | | D | | |
| | 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) | tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | on Date, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In: | ivative urity itr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Amou or Numb of Title Share | | r | | | | | |

Explanation of Responses:

/s/ John Faurescu, attorney-infact for Dr. Malik

11/09/2023

** 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.