FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours ner 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* Cragg David | | | | | 2. Issuer Name and Ticker or Trading Symbol CYTOKINETICS INC [CYTK] | | | | | | | | heck all appli | , | | son(s) to Iss 10% Ov Other (s | wner | |
|--|--|------------|--|---|---|-------|---|-------------|---|------------|--------------------|--|--|--|--|---|--|---------------------------------------|
| (Last) (First) (Middle) 280 EAST GRAND AVENUE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/09/2021 | | | | | | | | helow) | | Adm | below) in Officer | · | | |
| (Street) SOUTH FRANCE | (C. | A | 94080 | | 4. | If Am | nendme | ent, Date (| of Original Filed (Month/Day/Year) | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | · | (Zip) | | | | | | | | | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | action | ion 2A. Deemed Execution Date, | | 3. 4. Securitie Transaction Code (Instr. 8) | | | s Acquired | (A) or | 5. Amou Securiti Benefic | int of | Form (D) or | n: Direct | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | ,, | Code | v | Amount | (A) or (D) | Price | Reporte Transac (Instr. 3 | d tion(s) | | | (Instr. 4) | |
| Common Stock | | | | 11/09 | 11/09/2021 | | | | М | | 24,519 | A | \$9.6 | 5 163 | 163,223(1) | | D | |
| Common Stock 11/09 | | | | /2021 | 2021 | | | | | 24,519 | D | \$41.76 | 602 138 | ,704(1) | D | | | |
| Common Stock 11/09/2 | | | | /2021 | 2021 | | | | | 20,481 | A | \$9.6 | 5 159 | 159,185(1) | | D | | |
| Common Stock 11/09/2 | | | | /2021 | 021 | | S | | 20,481 | D | \$41.76 | 502 138 | ,704 ⁽¹⁾ | | 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) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deen Executio if any (Month/D | n Date, | 4. Transacti Code (Ins 8) | | | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | te | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | Derivative Security | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Incentive Stock Option (right to buy) | \$9.65 | 11/09/2021 | | | M | | | 20,481 | 03/24/2 | 014 | 02/24/2024 | Common Stock | 20,481 | \$0.0 | 0 | | D | |
| Non- Qualified Stock Option (right to | \$9.65 | 11/09/2021 | | | М | | | 24,519 | 03/24/2 | 014 | 02/24/2024 | Common Stock | 24,519 | \$0.0 | 0 | | D | |

Explanation of Responses:

1. Includes up to 13,678 shares of common stock purchased pursuant to the Cytokinetics, Incorporated Employee Stock Purchase Plan.

By: Robert Wong For: David Cragg ** Signature of Reporting Person

11/09/2021

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.