| SEC Form 4 | |
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| FORM | 4 |

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
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Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | urden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| 1. Name and Address of Reporting Person* <u>Wysenski Nancy</u> | | | | 2. Issuer Name and Ticker or Trading Symbol <u>CYTOKINETICS INC</u> [CYTK] | | | | | | | ationship of Reportii k all applicable) Director | ng Person(s) to 10% (| | |
|---|-----|---------------------------------------|-----------------|--|--|-------------------------|------------------------------------|-----------|---------------|---|---|---|------------|--|
| (Last) (First) (Middle) 350 OYSTER POINT BLVD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024 | | | | | | | Officer (give title below) | Other (specify below) | | |
| (Street) SOUTH SAN FRANCISCO CA 94080 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (| . , | | n-Derivativ | ve S | ecurities Acq | uired, | Dis | posed of, | or Ber | eficially | / Owned | | | |
| Date | | 2. Transactio Date (Month/Day/) | Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of 5) | | | 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) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | |
| Common Stock | | | 10/01/20 | 24 | | A ⁽¹⁾ | | 118 | A | \$52.6 | 22,988 | D | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | | (e.g., pt | 113, 56 | ans, v | vario | ants, | options, c | ,onvenub | 16 36 | cunties |) | | | |
|--|---|--|---|------------------------------|--------|-------------|---------------------------|--|--------------------|-------|---|---|--|--|--|
| . Title of erivative ecurity nstr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv | r osed) r. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | ate | Deriv | unt of rities rlying ative rity (Instr. | 8. 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 | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Stock award in lieu of cash retainer payment.

/s/ John Faurescu, attorney-in-10/03/2024

fact for Ms. Wysenski

** 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.