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

1. Name and Address of Reporting Person* COSTA SANTO J					2. Issuer Name and Ticker or Trading Symbol CYTOKINETICS INC [CYTK]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
COSTA SANTO J													X Direct	or		10% Ov	vner			
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/15/2024								Office below	r (give title)		Other (s below)	specify		
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	CAN													Form filed by More than One Reporting						
FRANCI		A	94080											Perso	n ´		·	Ĭ		
FRANCI	.500						401.5	4 / \					-							
					- Ru	лe	10b5-	1(c)	Irans	act	ion Inc	dication								
(City)	(Si	tate)	(Zip)		1_															
						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.														
						Saus	iy iiie aiiii	mauve	deletise co	nullo	iis oi ixule	1003-1(0).	ee msuuci	ion io.						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of S	Security (Inst	tr. 3)		2. Trans	action		2A. Deem		3.			ities Acqui		5. Amo				7. Nature		
	• •			Date (Month)	Day/Vo	eay/Year) Execution Date, if any (Month/Day/Year			Code (Instr. 5)				str. 3, 4 an	d Securiti Benefic		or Indirect I	of Indirect Beneficial Ownership (Instr. 4)			
				(WOTILII)	Dayrie								Owned							
												(4) ==		Reporte Transac						
									Code	l۷	Amount	(A) c	Price	(Instr. 3						
0	Cı 1			05/1	<i>5 /2 02 /</i>	4			<u> </u>		5.00	 		20	20,600		Б			
Common	Stock			05/1:	5/2024	5/2024			A		5,60	5,600 A		20,600			D			
		7	able II - I	Deriva	tivo S	Sac	ıritide	Δςαι	uired D	ien	need of	or Ben	oficially	, Owned						
		•										ble sec		, Ownea						
1. Title of	2.	3. Transaction	3A. Deeme	d	4.		5. Number 6. D		6. Date Exercisable and 7. Title			7. Title an	d	8. Price of	9. Numbe	r of	10.	11. Nature		
Derivative	Conversion	Date	Execution		Transaction		on of		Expiration	Date		Amount o	f	Derivative	derivative		Ownership	of Indirect		
Security or Exercise (Month/Day/Year) if any C (Instr. 3) Price of (Month/Day/Year) 8						Instr. Derivative ((Month/Day/Year) Securities Underlying				Security (Instr. 5)	Securities Beneficially		Form: Direct (D)	Beneficial Ownership				
(111511.0)	Derivative		(,,,,,,,,,	٠,		Acquir					Derivative	Security	(Owned		or Indirect	(Instr. 4)		
	Security						(A) or					(Instr. 3 a	nd 4)		Following Reported					
			Disposed of (D)										Transaction(s)							
							(Instr. 3, 4 and 5)		(Instr. 3, 4						(Instr. 4)	ì,				
				L										_						
													Amount							
													or Number							
									Date		xpiration		of							
					Code	٧	(A)	(D)	Exercisab	le D	ate	Title	Shares							
Non-				T	Т			T								7				
Qualified																				
Stock Option	\$60.5	05/15/2024			Α		3,636		06/17/202	4 0	5/15/2034	Common Stock	3,636	\$0	3,636	5	D			
(Right to												J. Stock								
Buy)		1	1	- 1										1	1			1		

Explanation of Responses:

/s/ John Faurescu, attorney-infact for Mr. Costa

05/16/2024

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).