## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## 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

1. Name and Address of Reporting Person <sup>*</sup> HENDERSON JOHN T						2. Issuer Name and Ticker or Trading Symbol <u>CYTOKINETICS INC</u> [ CYTK ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)						3. Date of Earliest Transaction (Month/Day/Year) 05/21/2009								Office	Officer (give title below)			specify	
280 EAST GRAND AVENUE					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									r Joint/Group Filing (Check Applicable			pplicable	
(Street) SOUTH SAN FRANCISCO CA 94080														filed by Mo	e Reporting Person re than One Reporting				
(City)	(City) (State) (Zip)																		
		Tab	le I - N	lon-Deri	vative	Sec	urities	s Ac	cquired, I	Disp	osed o	f, or Be	neficia	Ily Owne	d	,			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Dat					Exe if a	A. Deemed xecution Date, <sup>∵</sup> any Month/Day/Year)		Transaction Dispo Code (Instr. and 5			urities Acquired (, sed Of (D) (Instr. 3			ties cially	Fori (D) ( Indi	irect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) c (D)	<sup>r</sup> Price	Report Transa		(1115	itr. 4)	(1150.4)	
Commor							<u> </u>			1	,500		D						
Common Stock														500		Ι	by Spouse		
			Tabl						quired, Dis s, options					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed on Date, /Day/Year)	4. Transac Code (Ir 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Ily J	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amoun or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$1.85	05/21/2009			А		15,000		06/21/2009 <sup>(</sup>	1) <b>0</b>	5/21/2019	Common Stock	15,000	\$0	15,000	D	D		
Non- Qualified Stock Option (right to buy)	\$1.75								05/01/2009 <sup>(</sup>	<sup>2)</sup> 0	4/01/2019	Common Stock	21,428		21,428	8	D		
Non- Qualified Stock Option (right to buy)	\$1.95								03/19/2009	3) 0	2/19/2019	Common Stock	30,000		30,000	0	D		

Explanation of Responses:

1. This option shall vest and become exercisable as to 15,000 shares divided into equal monthly installments such that the option shall be 100% vested on May 21, 2010.

2. This option shall vest and become exercisable as to 21,428 shares divided into equal monthly installments such that the option shall be 100% vested on January 1, 2010.

3. This option shall vest and become exercisable as to 833 shares on 03/19/09 and the balance of 29,167 divided into equal monthly installments thereafter such that the option shall be 100% vested on 02/19/12.

By: Sharon Barbari For: John 05/22/2009

\*\* Signature of Reporting Person Date

T. Henderson

03/22/20

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

 $^{\ast}$  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.