FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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).

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

| (Last) | RICH A C | ress of Reporting Person* A GRANT III (First) (Middle) | | | | | 2. Issuer Name and Ticker or Trading Symbol CYTOKINETICS INC [CYTK] 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2009 | | | | | | | | ck all appli Directo | ector icer (give title | | 10% Ov Other (s below) | vner |
|--|---|---|---|---------|--|-----------------|--|-----|---|---|------------------|---|------------|---|---|--|--|---|-------------------------|
| 2800 SAND HILL ROAD SUITE 250 (Street) MENLO PARK CA 94025 | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | | tate) (| Zip) | | s | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. and 5) | | | | | | ies Fo cially (D | | Ownership orm: Direct O) or adirect (I) nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) c | (A) or (D) | | Reporte | | | 1. 4) | (msu. 4) |
| 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. | | 5. Number 6 | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 1 | 3. Price of Oerivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. | Beneficial Ownership |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | or | ount mber ires | | | | | |
| Stock Option (right to buy) | \$2.85 | 01/02/2009 | | | A | | 17,543 | | 02/02/2009 ⁽¹ | 0 | 1/02/2019 | Common Stock | 17, | 543 | \$1.14 ⁽²⁾ | 17,543 | | D | |

Explanation of Responses:

- $1. \ The \ option \ shall \ vest \ and \ become \ exercisable \ in \ 12 \ equal \ monthly \ installments \ beginning \ February \ 2, \ 2009.$
- 2. This option was issued to the Reporting Person pursuant to the Cytokinetics 2004 Equity Incentive Plan in lieu of an annual retainer of \$20,000.

Remarks:

David L. Bandy, Attorney-In-Fact for the Reporting Person 01/06/2009

** 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.