FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
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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 [*] DOW STEPHEN M | | | | | | 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) 01/04/2010 | | | | | | | | | Officer (give title below) | | | Other (below) | | |
| C/O SEVIN ROSEN FUNDS 13455 NOEL ROAD, SUITE 1670 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) DALLAS TX 75240 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) (| (Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) Date (Month/Day | | | | | | Execution Date, | | | Transaction Dispose Code (Instr. and 5) | | rities Acquired (A) or ad Of (D) (Instr. 3, 4 | | | r 5. Amount of Securities Beneficially Owned Following | | Forr (D) c Indi | m: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | Amount (A) or (D) | | e | Reported Transaction(s) (Instr. 3 and 4) | | (insi | tr. 4) | (Instr. 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. 8) | | on of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | of De Se | 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) | Beneficial Ownership | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amour or Numbe of Shares | er | | | | | | |
| Stock Option (Right To Buy) | \$3.11 | 01/04/2010 | | | Α | | 24,115 | | 02/04/2010 ⁽¹ |) 0 | 1/04/2020 | Common Stock | 24,11 | 5 \$ | 1.244 ⁽²⁾ | 24,115 | | D | | |

Explanation of Responses:

1. Stock options vest and are exercisable monthly over a period of twelve months, and are fully vested on January 4, 2011.

2. This option was issued to the reporting person pursuant to the Cytokinetics 2004 Equity Incentive Plan in lieu of annual retainer of \$30,000.

John V. Jaggers, As Attorney-01/05/2010

In-Fact

** 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.