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

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1. Name and Address of Reporting Person* PARSHALL B LYNNE					2. Issuer Name and Ticker or Trading Symbol CYTOKINETICS INC [ CYTK ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
PARSHALL B LYNNE												X Direct	or		10% Ov	vner				
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/15/2024							Office below	r (give title )		Other (s	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 ´		·	Ŭ		
FRANCI	SCO					Rule 10b5-1(c) Transaction Indication														
					· Ru	ıle	10b5-	1(c)	Irans	act	ion inc	lication								
(City)	(S	tate)	(Zip)		1_															
					ΙП	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 iile ailii	mauve	delense co	nailio	iis oi Ruie	1005-1(0). 3	ee mstruct	OII IU.						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of S	Security (Ins	tr. 3)		2. Trans	action		2A. Deem		3.			ities Acqui		5. Amou				7. Nature		
	•	,		Date	D/V	eay/Year) Execution Date, if any (Month/Day/Year)						d Of (D) (In	str. 3, 4 an	d Securities Beneficially				of Indirect Beneficial		
				(WONTH)	Day/ rea				ar) 8) Code (Instr. 5)		(۵)							Beneficial Ownership		
						( , , , , , ,			` <del>  `</del>	′ <del>'</del>				Reported Transaction(s)				(Instr. 4)		
					Code	V	Amount	(A) o	Price	(Instr. 3										
								_			<del>- 1</del>		<u> </u>	· ·						
Common	Stock			05/15	5/2024	1			A		5,60	0   A	\$0	\$0 20,600			D			
		7	able II - I	Dorivo	tiva C	•	urition	A 0.00	uirad D	ion	2004.06	or Pon	oficially	Ourned		-				
		'										, or ben ble seci		Owned						
		1		<u> </u>			<del></del>		<u> </u>					1	1			1		
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deeme		4. Transactior		5. Number on of			6. Date Exercisable and Expiration Date		7. Title an		8. Price of Derivative			10. Ownership	11. Nature of Indirect		
Security	or Exercise	(Month/Day/Year)	if any	,	Code (I	de (Instr.   Derivative		(Month/Day/Year) Securities			;	Security	Securities		Form:	Beneficial				
(Instr. 3) Price of (Month/Day/Year) 8							Securities Acquired					Underlyin Derivative		(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)		
	Security						(A) or	ea				(Instr. 3 a			Following		(I) (Instr. 4)	(instr. 4)		
Disposed											`	,		Reported		`	1			
				of (D) (Instr.	34							Transaction(s) (Instr. 4)								
							and 5)								(		1			
										$\neg \Gamma$			Amount	1						
													or							
									Date	_	xpiration		Number of							
				- 1	Code	٧	(A)	(D)	Exercisab		ate	Title	Shares							
Non-				-				$\vdash$		$\top$										
Qualified																				
Stock	\$60.5	05/15/2024			Α		3,636		06/17/202	4 0	5/15/2034	Common	3,636	\$0	3,636	,	D			
Option (Right to	7.0.0				A 3,030 00/1//2024 03/13/2034 Stock 3,030 \$0								"	]						
Buy)																				

**Explanation of Responses:** 

/s/ John Faurescu, attorney-infactor for Ms. Parshall

\*\* Signature of Reporting Person Date

05/16/2024

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).