Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0 | | | | | | | | | | |
| 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 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* COSTA SANTO J | | | | | 2. Issuer Name and Ticker or Trading Symbol CYTOKINETICS INC [CYTK] | | | | | | | | (Che | elationship o ck all applic Director | able) | Person(| 10% Ow | ner | |
|---|---|--|---|--------|--|---|---------|--------------------------------------|---|-------|-------------------------------|--|---|---|---|-----------------------------|---|--|--|
| (Last) 280 EAS | (Last) (First) (Middle) 280 EAST GRAND AVENUE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/12/2021 | | | | | | | | Officer (give title Other (specify below) below) | | | | pecify | |
| (Street) SOUTH SAN FRANCISCO CA 94080 | | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tal | ole I - Nor | n-Deri | vativ | e Se | curitie | s Ac | quired, | Disp | osed o | f, or Bei | neficially | y Owned | | | | | |
| D D | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | | ties Acquire I Of (D) (Ins | | 5. Amour Securitie Beneficia Owned F | s Illy ollowing | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 05/1 | | | | 12/202 | 21 | | | | | 5,000 |) A | \$0.0 | 5,0 | 5,000 | | | | | |
| | | | Table II - | | | | | | uired, D s, option | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day | ate, | 4. Transa Code (8) | | | | 6. Date Exercisal Expiration Date (Month/Day/Year | | | 7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Or Fo Di or (I) |). wnership orm: irect (D) r Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$24.32 | 05/12/2021 | | | A | | 10,000 | | 06/12/2021 | (2) | 05/12/2031 | Common Stock | 10,000 | \$0.0 | 10,000 |) | D | | |

Explanation of Responses:

- 1. Comprised of restricted stock units that will vest in full and in one installment on 05/12/2022.
- $2. \ Options \ shall vest \ and \ become \ exercisable \ in 12 \ equal \ monthly \ installments, the \ first such installment vesting on 06/12/2021 \ and the last such installment vesting on 05/12/2022.$

By: Robert Wong For: Santo

05/13/2021

Costa

** 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.