FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

-		_				_		_	_	_	-	 	_	
as	hing	gtor	n, I	D.	C.	2	05	49	9					

OMB APF	OMB APPROVAL											
OMB Number:	3235-0287											
Estimated average	hurden											

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

1. Name a		2. Issuer Name and Ticker or Trading Symbol  CYTOKINETICS INC [ CYTK ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
Blum Robert I						[								X Directo	or		10% Ow	ner	
					3 D	2 Date of Earlingt Transaction (Month/Day/Vear)							_		(give title		Other (s	pecify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 07/13/2023								below)			below)		
350 OYSTER POINT BLVD							0.715,2525								President & CEO				
						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												n	
SOUTH SAN FRANCISCO CA 94080						Form filed by More than One Reporting													
FRANC									Person										
(City) (State) (Zip)					Ru	Rule 10b5-1(c) Transaction Indication													
							Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to												
		X	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.																
		Tab	le I - N	on-Deriv	ative	Sec	curit	ies Ac	quired	, Di	sposed o	of, or Be	neficial	ly Owne	d				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)						Execution Date,				4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			Benefic Owned	es ially Following	Form:	Direct C Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)		(	Instr. 4)	
Common Stock														2,	083			y Trust	
Common Stock													2,	2,083			y Trust		
Common Stock 07/13/20					2023	023		М		12,500	A	\$9.65	5 453,917		D				
Common Stock 07/13/20					2023	023		S		12,500	D	\$35.27	52 44	1,417		D			
		T	able II								osed of			Owned					
				(e.g., p	uts, c	alls	s, Wa	arrants	s, optio	ns,	converti	ble seci	ırıtıes)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. B)				6. Date Exerci Expiration Da (Month/Day/Yo		te	7. Title an Amount o Securities Underlyin Derivative (Instr. 3 an	f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	i C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
													Amount						
													or Number						
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	of Shares						
Non- Qualified Stock Option	\$9.65	07/13/2023			M			12,500	03/24/20	)14	02/24/2024	Common Stock	12,500	\$0	20,693	1	D		
(Right to	1	1							ı	- 1			1	1				1	

## **Explanation of Responses:**

Buy)

- 1. Shares held by The Bridget Blum 2003 Irrevocable Trust.
- 2. Shares held by The Brittany Blum 2003 Irrevocable Trust.

/s/ John Faurescu, attorney-infact for Mr. Blum

07/13/2023

\*\* 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.