| SEC Form 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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|--|---|--|--|--------------------------|
| to Section 16. Form 4 or Form 5 obligations may continue. See | MT OF CHANGES IN BENEFICIAL OWN d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | CKSHIP | OMB Number: Estimated average bu hours per response: | 3235-0287 rden 0.5 |
| 1. Name and Address of Reporting Person [*] Malik Fady Ibraham | 2. Issuer Name and Ticker or Trading Symbol <u>CYTOKINETICS INC</u> [CYTK] | 5. Relationship of Re (Check all applicable Director | e) | Issuer Owner |

| Malik Fady I (Last) | <u>braham</u> (First) | (Middle) | | TOKINETIC | | _ | X | Director Officer (give title below) | Other | 10% Owner Other (specify below) | |
|---|--------------------------|-------------|--|---|---|---|-------------------|---|---|---|--|
| 280 EAST GRA | EAST GRAND AVENUE | | | 26/2021 | | | | EVP Research | & Developm | ent | |
| (Street) SOUTH SAN | | | 4. If <i>i</i> | Amendment, Date o | f Original Filed | d (Month/Day/Year) | 6. Indiv Line) | /idual or Joint/Grou | p Filing (Check | Applicable | |
| FRANCISCO | CA | 94080 | | | | | X | Form filed by On | e Reporting Per | son | |
| | | | | | | | | Form filed by Mo Person | re than One Re | porting | |
| (City) | (State) | (Zip) | | | | | | | | | |
| | Ta | able I - No | n-Derivative \$ | Securities Acq | uired, Dis | posed of, or Benet | ficially | Owned | | | |
| 1. Title of Security (Instr. 3) 2. Trans. Date | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |

| | | · · | | | | | Reported | | (Instr. 4) |
|--------------|------------|------------------|---|--------|---------------|---------|------------------------------------|---|------------|
| | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock | 02/26/2021 | F ⁽¹⁾ | | 7,060 | D | \$18.73 | 141,749 ⁽²⁾ | D | |
| | | | | | | | | | |

| | | Tal | ble II - Derivat (e.g., pu | | | | | ired, Disp options, c | | | | | d | | |
|---|--|-----|-------------------------------|------|--|---------------------------|--|--------------------------|---|---|---|--|----------------------------------|--|--|
| 1. Title of Derivative Security (Instr. 3) | ecurity Conversion Date Execution Date, if any if any | | 4. Transa Code (8) | | of Deriv Secu Acqu (A) o Dispo of (D | r osed) r. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Titl Amou Secu Unde Deriv Secu 3 and | int of rities rlying ative rity (Instr. | 8. Price of Derivative Security (Instr. 5) | Securities Form: Beneficially Direct (D) Owned or Indirect | Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The reporting person is reporting the withholding of shares of common stock to satisfy the reporting persons withholding obligations in connection with the vesting of Restricted Stock Units vested on 02/26/2021 and does not represent a sale by the reporting person.

2. Includes 1,470 shares of common stock purchased pursuant to the Issuer's 2015 Employee Stock Purchase Plan (ESPP).

By: Robert Wong For: Fady <u>Malik</u>

03/01/2021

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.