UNITED STATES SECURITIES AND EXCHANGE COMMISSION

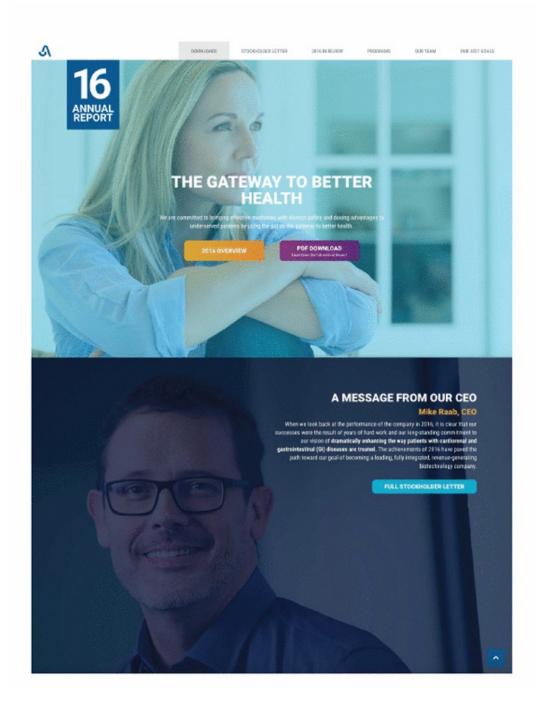
Washington, D.C. 20549

SCHEDULE 14A

Proxy Statement Pursuant to Section 14(a) of the Securities Exchange Act of 1934 (Amendment No.)

Filed by the Registrant		e Registrant 🗷	Filed by a party other than the Registrant □	
Che	ck the a	appropriate box:		
	Prelin	minary Proxy Statemen	nt	
	Confidential, for Use of the Commission Only (as permitted by Rule 14a-6(e)(2))			
	Defin	initive Proxy Statement		
X	Defin	nitive Additional Mate	zrials	
	Solic	iting Material under §	240.14a-12	
			Ardelyx, Inc. (Name of Registrant as Specified In Its Charter)	
			(Name of Person(s) Filing Proxy Statement, if Other Than The Registrant)	
Payr	nent of	Filing Fee (Check the	appropriate box):	
X	No fe	fee required.		
	Fee computed on table below per Exchange Act Rules 14a-6(i)(1) and 0-11.			
	(1)	Title of each class of	Securities to which transaction applies:	
	(2)	Aggregate number of	f securities to which transaction applies:	
	(3)		er underlying value of transaction computed pursuant to Exchange Act Rule 0-11 (set forth the amount on which the filing state how it was determined):	
	(4)	Proposed maximum	aggregate value of transaction:	
	(5)	Total fee paid:		
	Fee p	oaid previously with p	reliminary materials.	
			e fee is offset as provided by Exchange Act Rule 0-11(a)(2) and identify the filing for which the offsetting fee was paid evious filing by registration statement number, or the Form or Schedule and the date of its filing.	
	(1)	Amount Previously I	Paid:	

(2)	Form, Schedule or Registration Statement No.:			
(3)	Filing Party:			
(4)	Date Filed:			







GI PORTFOLIO

Our GI portfolio is led by tenapanor, which is currently in Phase 3 development for the treatment of irritable bowel syndrome with constipation (IBS-C). Tenapanor for IBS-C is being evaluated in the Phase 3 T3MPO-1 and T3MPO-2 trials, and a long-term safety study, T3MPO-3, thinks are fully enrolled, with data expected from T3MPO-1 in [22 2017, from T3MPO-2 in in the second half of 2017 and from T3MPO-3 in lake 2017. The successful completion of these studies would support the NDA for tenapanor in this indication, which we expect to fife in 2018.

In addition to tenapanor, RDX8940 is a minimally systemic TGRS agonist IND candidate advancing towards Phase 1 clinical development for various GI indications. We are also advancing our RDX011 program of minimally systemic NHE3 inhibitors, and RDX023, our program of gurbiased FXR agonists, both for various GI indications, towards clinical development.

LEARN MORE

CARDIORENAL PORTFOLIO

Our cardiorenal portfolio is led by the Phase 3 development of tenapanor for the treatment of hyperphosphatemia in patients with end-stage renal disease (ESBD) who are on dialysis. In February 2017, we reported top line, positive data from the first of two Phase 3 studies for tenapanor in hyperphosphatemia, that demonstrated statistical significance in lowering serum phosphorus and a favorable GI tolerability profile. We plan to initiate the second Phase 3 study in this indication in mid-2017.

At the end of 2016, we initiated a Phase 3 study and an onset-of-action study for our potassium binder, RDX7675, for the treatment of patients with hyperkalemia. We plan to report data from the onset-of-action study in Q3 2017. Also in our cardiorenal portfolio, we are advancing our RDX011 NHE3 inhibitor program, and our RDX013 potassium secretagogue program, with a focus on cardiorenal indications and hyperkalemia, respectively.

LEARN MORE

DISCOVERY PLATFORM

Our platform serves as a discovery engine and has allowed us to identify a number of therapeutic programs that support long-term pipeline development. RDX013, RDX009, RDX011 and RDX023 are the most recent programs to emerge from our discovery platform.

LEARN MORE



