FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 205	19
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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Viswanathan Ravi						2. Issuer Name and Ticker or Trading Symbol ARDELYX, INC. [ARDX]											5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u> </u>	deritar IV	uvi															Direc	tor	-	X 10% C	Owner		
(Last) (First) (Middle) 1954 GREENSPRING DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 05/25/2018													Officer (give title below)		Other below)	(specify)				
SUITE 6	00				4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applicable						
,					· ''' ''		01141110	orn, Date	0. 0.	, i gii i di		(.,, . c	ω.,		ine)	.uuu. o		ρ	ng (Chicont)	рпосоло		
(Street) TIMONI	UM I	MD	21093													X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(State)	(Zip)																				
		Tal	ole I - No	n-Deriv	ative	Se	curi	ties Ac	qui	ired,	Dis	posed o	f, o	r Ben	efici	ally (Owne	ed					
Di				2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		,]	3. Transac Code (I 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				ınd	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									(Code	v	Amount		(A) or (D)	Pric	.	Transa	Transaction(s) Instr. 3 and 4)			(111501.4)		
Common Stock 05/2				05/25	5/2018	3				A		416,666		A	\$4		3,082,186			I	See Note 1 ⁽¹⁾		
Common Stock				05/25/2018						A		416,667		A	\$	64	3,082,186			I	See Note 2 ⁽²⁾		
		7	Fable II - I									sed of, onvertib					vned				,		
1. Title of Derivative Security (Instr. 3) Conversion or Exercise Price of Derivative Security Security		Date,	4. Transa Code (8)	(Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exp (Mo	Date Exercisable and control part of the contr			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of		ount nber	-		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					

Explanation of Responses:

1. The Reporting Person is a manager of NEA 15 GP, LLC, ("NEA 15 GP") which is the sole general partner of NEA Partners 15, L.P. ("NEA Partners 15"). NEA Partners 15 is the sole general partner of New

2. The Reporting Person is a manager of NEA 15 GP which is the sole general partner of NEA Partners 15-OF, L.P. ("NEA Partners 15-OF"). NEA Partners 15-OF is the sole general partner of NEA 15 Opportunity Fund, L. P. ("NEA Opportunity 15"), the direct beneficial owner of the securities. The Reporting Person disclaims beneficial ownership within the meaning of Section 16 of the Securities Exchange Act of 1934, as amended, or otherwise of such portion of the securities held by NEA Opportunity 15 in which the Reporting Person has no pecuniary interest.

Remarks:

/s/ Sasha Keough, attorney-in-05/30/2018 fact

** 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.