FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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 Instruction 1(b).

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 and Address of Reporting Person*  Williams Laura A  (Last) (First) (Middle)  C/O ARDELYX, INC.  400 FIFTH AVENUE, SUITE 210					<u>A</u>	Issuer Name and Ticker or Trading Symbol     ARDELYX, INC. [ ARDX ]  3. Date of Earliest Transaction (Month/Day/Year)     05/03/2024										k all applic Directo Officer below)	able) r (give title	citle Other below		Owner (specify
					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)										Chief Medical Officer  6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)	AM M	ÍΑ	02451		-										X		led by Mor		orting Person One Repo	
(City) (State) (Zip)					R	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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	ole I - Nor	n-Deriv	/ativ	e Se	curit	ties Ac	quir	red, Di	isp	osed o	f, or Be	nefic	ially	Owned				
Da			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		), T	Transaction Dispose Code (Instr. 5)		ties Acquir d Of (D) (Ins		4 and Securiti Benefic Owned		s ally ollowing	Form (D) o	n: Direct r Indirect estr. 4)	7. Nature of Indirect Beneficial Ownership		
									ode V		Amount	(A) o (D)	r Pri	ce	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)	
Common Stock			05/0	3/202	3/2024			N	M <sup>(1)</sup>		30,00	00 A S		0.99	410,138			D		
Common	Stock			05/0	3/202	24				S <sup>(1)</sup>		39,94	9 D	\$	8.35	370	,189	D		
		-	Table II -										or Ben ole secu			wned			•	
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	Date,	4. Transa Code ( 8)				6. Date Exercis Expiration Date (Month/Day/Yea		ate		7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4)		5	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	rcisable	Ex Da	piration te	Title	Amou or Numb of Share	oer					
Stock Option (Right to Buy)	\$0.99	05/03/2024			М			30,000		(2)	01/	/06/2032	Common Stock	30,0	00	\$0	162,00	00	D	

## Explanation of Responses:

- $1.\ Transaction\ made\ pursuant\ to\ a\ 10b5-1\ trading\ plan\ adopted\ by\ the\ Reporting\ Person\ on\ December\ 27,\ 2023.$
- 2. The option becomes exercisable as it vests and the shares subject to the option vest in 48 successive, equal monthly installments on each monthly anniversary of January 6, 2022, subject to the Reporting Person's continued employment or service relationship with the Issuer on each such vesting date.

/s/ Elizabeth Grammer,

Attorney-in-Fact for Laura A.

Williams

\*\* Signature of Reporting Person Date

05/07/2024

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

- $^{\star}$  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.