SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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

| OMB APPROVAL | | | | | | | |
|----------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average bu | ırden | | | | | | |
| hours par rosponso: | 0 5 | | | | | | |

| 1. Name and Address of Reporting Person [*] Bazemore Robert B | | | 2. Issuer Name and Ticker or Trading Symbol ARDELYX, INC. [ARDX] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|--------------------|-----------------|--|-------------------|---|-----------------------|--|--|--|
| | | | | X | Director | 10% Owner | | | |
| (Last) C/O ARDELY | (First) X, INC. | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 06/07/2017 | | Officer (give title below) | Other (specify below) | | | |
| 34175 ARDENWOOD BLVD, SUITE 200 | | D, SUITE 200 | | | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | idual or Joint/Group Filir Form filed by One Re | | | | |
| FREMONT | CA | 94555 | | | Form filed by More the Person | an One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |
| | | Table I - Non-D | erivative Securities Acquired, Disposed of, or Bene | ficially | Owned | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | | - | | <u> </u> | | | | | |
|---------------------------------|--------------------------|---|--------------|----------|---|---------------|-------|---|---|
| 1. Title of Security (Instr. 3) | Date (Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 7. Nature of Indirect Beneficial Ownership |
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | (Instr. 4) |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | | () | | - | | | | | | | | | | |
|---|---|--|---|------------------------------|---|---|-----------|---|--------------------|-------------------|--|---|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number Derivative Securities Acquired (or Dispose of (D) (Inst 4 and 5) | (A) ed | Expiration Date of (Month/Day/Year) Un De | | ate of Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | |
| Stock Option (Right to Buy) | \$ 4.3 | 06/07/2017 | | A | | 15,000 ⁽¹⁾ | | (2) | 06/07/2027 | Common Stock | 15,000 | \$0.0 | 15,000 | D | |

Explanation of Responses:

1. The option was issued pursuant to the Issuer's Non-Employee Director Compensation Program.

2. The option vests with respect to 1/12th of the shares subject thereto on each monthly anniversary of the grant date, which vesting will accelerate in full on the date of the next annual stockholder's meeting to the extent unvested as of such date, subject to continued service through each applicable vesting date.

| <u>/s/ Elizabeth Grammer,</u> |
|--------------------------------|
| Attorney-in-Fact for Robert B. |
| Bazemore |

** Signature of Reporting Person Date

06/09/2017

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.