| Check this box if no longer subject to 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 Image: Check this box if no longer subject to on section 30(h) of the Investment Company Act of 1940 1. Name and Address of Reporting Person' Jacobs Jeffrey W 2. Issuer Name and Ticker or Trading Symbol ARDELYX, INC. [ARDX] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable). Director 10% Owner (Check all applicable). Director 10% Owner below) 2. Issuer Name and Ticker or Trading Symbol ARDELYX, INC. 3. Date of Earliest Transaction (Month/Day/Year) 08/03/2021 5. Relationship of Reporting Person(s) to Issuer (Check all applicable). Director 10% Owner Wolficer (give tilte Other (spect below) 3. Date of Earliest Transaction (Month/Day/Year) (Street) FREMONT 0. Individual or Joint/Group Filing (Check Applicable). Verson (Street) FREMONT CA 94555 6. Individual or Joint/Group Filing (Check Applicable). Verson (City) (State) (Zip) 2. Transaction Date 3. A Deemed Execution Date, Transaction (Joint Filed (Month/Day/Year)) 6. Individual or Joint/Group Filing (Check Applicable). Verson 1. Title of Security (Instr. 3) 2. Transaction Date 2. Transaction Date 3. Transaction Date 4. Securites Acquired (A) or Date 5. Amount of Securities 6. Ownership Form: Direct Date | SEC Form 4 | | | | | | | | | | | | | | | |
|--|---|------|---------------|--|------------------------|--|--------------------------|------------|--------|---|---|----------------------|---------------------------------|---|--|--|
| Check fils box if no longer subject to obligations may continue. See instruction 1(b). STATELVIENT OF CHANGES IN DENEFICIAL OWNERSHIP Section 30(h) of the Investment Company Act of 1934 Estimated average burden hours per response: 1. Name and Address of Reporting Person* Jacobs Jeffrey W 2. Issuer Name and Ticker or Trading Symbol (Last) (First) (Middle) 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 3. Date of Earliest Transaction (Month/Day/Year) (Street) FREMONT (Middle) C/O ARDELYX, INC. 3. Date of Earliest Transaction (Month/Day/Year) (Street) FREMONT 6. Individual or Joint/Group Filing (Check Application) Form filed by One Reporting Person Form filed by One Reporting Person Form filed by One Reporting Person Form filed by More than One Reporting Person 1. Title of Security (Instr. 3) 2. Transaction Date Month/Day/Year) 3. 2. Transaction Date Month/Day/Year) 3. 2. Transaction Date Execution Date, Month/Day/Year) 3. 3. 1 any 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and Source (all y D) or Indirect Date 5. Amount of Source (Instr. 3) 6. Ownership Or Indirect 7. M Beneficially 5. Amount of Disposed Of (D) (Instr. 3, 4 and Source (Instr. 3) 5. Amount of Source (Instr. 3) 6. Ownership Or Indirect 7. M Beneficially 7. M Disposed Of (D) (Instr. 3, 4 and Source (Instr. 3) 5. Amount of Source (Instr. 4) 5. Amount of Source (Instr. 4) 5. Amount of Source (Instr. 4) 6. Ownership Or Indire | FO | RM 4 | UNITED | STATES S | | | | | | | | | | | | |
| ARDELYX, INC. [ARDX] Jacobs Jeffrey W ARDELYX, INC. (Last) (First) (Last) (First) (Code (all applicable) (Last) (First) (ARDELYX, INC. 3. Date of Earliest Transaction (Month/Day/Year) (Street) FREMONT CA FREMONT CA (City) (State) (Zip) Zip) ARDELYX, INC. ARDELYX, INC. (Code (nstr. 3)) 2. Transaction Date 2. Transaction Date 2. Transaction Date 2. Transaction Date 2. Transaction Date (Month/Day/Year) 3. Date of Earliest Transaction (Month/Day/Year) (Check all applicable) Check Application (Check all applicable) Check Application (Street) Form filed by One Reporting Person Form filed by One Reporting Person Form filed by One Reporting Person Form filed by One Reporting Person Form filed by One Reporting Person Form filed by One Reporting Person Form filed by One Reporting Person Date Code (Instr. 3) S. Amount of Securities Acquired (A) or Disposed Of (D) (Ins | Section 16. Form 4 or Form 5 obligations may continue. See | | | | it to Section 16(a) of | | Estimated average burden | | | | | | | | | |
| (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Chief Scientific Officer 3. Date of Earliest Transaction (Month/Day/Year) 08/03/2021 Chief Scientific Officer 3.4175 ARDENWOOD BLVD, SUITE 200 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Application) (Street) FREMONT CA 94555 | | | | | | | | | | | k all applicable) Director | ble) 10% C | | wner | | |
| (Street) FREMONT CA 94555 (City) (State) (Zip) Image: Construction of the construction of t | C/O ARDELYX, INC. | | | | | ay/Year) | | , | , | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) 2. Transaction Date, (Month/Day/Year) 3. + (A - Beemed) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and Code (Instr. 5) 5. Amount of Securities Beneficially 6. Ownership of Instraction (D) or Indirect | (Street) FREMONT | CA | 4. If Am | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| Date Execution Date, Transaction Disposed Of (D) (Instr. 3, 4 and Securities Form: Direct of Ir (Month/Day/Year) if any Code (Instr. 5) Beneficially (D) or Indirect Ben | | | Table I - Non | -Derivative S | ecurities Acqu | uired, | Disp | osed of, o | r Bene | eficially | Owned | | | | | |
| | Date | | | Date | Execution Date, | ecution Date, any onth/Day/Year) Transaction Code (Instr. 5) 8) | | | | 3, 4 and | Securities Beneficially Owned Followi Reported | owing (I) (Instr. 4) | Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

| | | Coue | V | Amount | (D) | FILE | (Instr. 3 and 4) | | |
|--------------|---------------|-------------------------|------|-----------|-------|--------|------------------|---|--|
| Common Stock | 08/03/2021 | М | | 10,000 | A | \$0.54 | 134,051 | D | |
| Common Stock | 08/03/2021 | F ⁽¹⁾ | | 5,613 | D | \$1.64 | 128,438 | D | |
| Table II | Dorivetive Co | | iono | and of ar | Donof | | wood | | |

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) | | of Deri Seci Acq (A) o Disp of (E | umber vative urities uired or oosed D) (Instr. and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 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 | | | | |
| Stock Option (Right to Buy) | \$0.54 | 08/03/2021 | | М | | | 10,000 | (2) | 08/11/2021 | Common Stock | 10,000 | \$0.00 | 0 | D | |

Explanation of Responses:

1. These shares were withheld so the Reporting Person could satisfy the exercise price and the withholding of taxes arising from a net (cashless) exercise of stock options. The options subject to the net exercise were granted in August 2011 and set to expire on August 11, 2021.

2. Fully exercisable.

/s/ Elizabeth Grammer, Attorney-in-Fact for Jeffrey W. 08/05/2021 Jacobs

** 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.