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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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Check this box if no longer subject to	51
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

						0.000					10.0							
1. Name and Address of Reporting Person [*] GRAMMER ELIZABETH A					2. Issuer Name and Ticker or Trading Symbol ARDELYX, INC. [ARDX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
						<u>,</u>			Dire	ector		10% O	wner					
													cer (give title			specify		
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)							bel	below)		below)		
C/O ARDELYX, INC.						01/16/2018							SVP, General Counsel					
, , , , , , , , , , , , , , , , , , ,																		
34175 ARDENWOOD BLVD, SUITE 200					4. If Amondmont, Data of Original Filed (Month/Dau/Maar)							6 Individual or Joint/Croup Filing (Chook Applicable						
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) FREMONT CA 94555												X Form filed by One Reporting Person						
									For	Form filed by More than One Reporting			orting					
													Per	Person		0		
(City)		(State)		(Zip)														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5) Secu Bene Owne	5. Amount of Securities Beneficially Owned Following Reported	Form: (D) or	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code V		Amount	(A) or (D) Pr		Trans	Transaction(s) (Instr. 3 and 4)			(1130.4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1 Title of	2	2 Trana	action	24 Doomo			E Number of 6	Data E	voroio	blo and 7	Title and	Amount	0 Drios	of 0 Numb		10	11 Notur	

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 Derivativ Securitie Acquired or Dispos of (D) (In 3, 4 and 5	re ss I (A) sed str.	6. Date Exerc Expiration Da (Month/Day/Y	ate	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	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		Transaction(s) (Instr. 4)		
Stock Option (Right to Buy)	\$7.1	01/16/2018		A		117,104		(1)	01/16/2028	Common Stock	117,104	\$0.00	117,104	D	

Explanation of Responses:

1. 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 16, 2018, subject to the Reporting Person's continued employment or service relationship with the Issuer on each such vesting date.

/s/ Elizabeth Grammer

01/18/2018 ** 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.