Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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STATEMENT	OF CHANG	ES IN BENE	FICIAL OWN	NERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	e burden								
hours per respons	e: 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

1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol ARDELYX, INC. [ARDX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					suer	
RAAB MICHAEL				[MODELIA, IIIO. [MOA]							X	X Director			10% Ov	vner			
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 11/20/2023							X	Office	,	nt & (Other (s below)	specify			
	DELYX, IN													President & CEO					
400 FIFT	TH AVENU	E, SUITE 210			4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)														X Form filed by One Reporting Person					
WALTH	AM MA	A 0	2451											Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Ž	Zip)		Rul	e 10)b5-	1(c)	Tran	sac	tion Indi	catio	on .						
						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.													
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	, Dis	posed of	, or E	Benefi	cially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date		ate,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			and Securi Benefi Owned		ties cially I Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o (D)	Pric	e		action(s) 3 and 4)			(Instr. 4)
Common Stock 11/20				11/20/2	023				S ⁽¹⁾		11,368	D	\$4.	3622	867,868(2)			D	
Common Stock															24	4,364			Family Trust ⁽³⁾
Common Stock													1,000				Family Trust ⁽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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price Derivativ Security (Instr. 5)			y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	Date Expiration		Amount or Number of Shares	r						

Explanation of Responses:

- 1. Pursuant to an automatic sell-to-cover imposed by the terms of the initial grant of the restricted stock units ("RSUs") awards, the shares were sold upon the vesting of the RSUs solely to cover applicable withholding taxes.
- 2. Reflects the adjusted total which includes the purchase of 3,000 shares under the Ardelyx Employee Stock Purchase Plan in August 2023.
- 3. The shares are directly held by Michael G. Raab, Trustee of the Michael G. Raab Living Trust dated July 25, 2012.
- 4. The shares are owned directly by trusts for the benefit of the Reporting Person's children.

Remarks:

/s/ Elizabeth Grammer, 11/22/2023 Attorney-in-Fact for Michael Raab

** 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.