FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHAN	GES IN F	RENEEICIAI	OWNERSHIP
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OMB APPROVAL OMB Number: 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* <u>Jacobs Jeffrey W</u>						2. Issuer Name and Ticker or Trading Symbol ARDELYX, INC. [ ARDX ]									all appli Directo	cable) or	g Per	Person(s) to Issuer  10% Owner  Other (specify		
	DELYX, IN	(First) (Middle) ELYX, INC.					3. Date of Earliest Transaction (Month/Day/Year) 09/10/2015									Officer (give title below)  SVP, Technical (			эрсспу	
34175 ARDENWOOD BLVD, SUITE 200					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) FREMO	NT C.	A !	94555		_									Line) X		filed by Mor		orting Person		
(City)	(S	tate)	(Zip)																	
		Tab	le I - I	Non-Deriv	/ative	e Sec	uriti	ies A	cquire	d, D	isposed o	of, or E	enefic	cially	Owned	t				
Date		2. Transacti Date (Month/Day	/Year)   Exec		. Deemed ecution Date, .ny onth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Benefic Owned		ties Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a		tion(s)			(Instr. 4)		
Common Stock 09/10/202			015	15		M <sup>(1)</sup>		2,000	Α	\$0	.54	49,	49,420 <sup>(2)</sup>		D					
Common	Stock			09/10/2	015				S <sup>(1)</sup>		2,000	D	\$20.5	925(3)	25 <sup>(3)</sup> 47,420 <sup>(2)</sup> D		D			
		Т	able								sposed of , converti				wned					
Security or (Instr. 3) Pr	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	tion Date,	ate, Transa Code (				6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		Dei Sed (Ins	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y O Fo O (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amo or Num of Shar	ber						
Stock Option (Right to	\$0.54	09/10/2015			M <sup>(1)</sup>			2,000	(4)		08/11/2021	Commo Stock	n 2,0	00	\$0.00	52,874		D		

## **Explanation of Responses:**

- 1. Transaction made pursuant to a 10b5-1 trading plan adopted by the Reporting Person on June 25, 2015.
- $2.\ Includes\ 754\ shares\ acquired\ under\ the\ Issuer's\ Employee\ Stock\ Purchase\ Plan\ on\ August\ 31,\ 2015.$
- 3. This transaction was executed in multiple trades in prices ranging from \$19.83 to \$20.75, inclusive. The price reported in Column 4 above reflects the weighted average sales price. The Reporting Person hereby undertakes to provide to the Securities and Exchange Commission staff, the Issuer, or a security holder of the Issuer, upon request, full information regarding the number of shares sold at each respective price within the range set forth in this footnote.
- 4. The option is fully vested and exercisable.

## Remarks:

/s/ Elizabeth Grammer, Attorney-in-Fact for Jeffrey W. 09/11/2015 Jacobs

\*\* Signature of Reporting Person Date

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.