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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERS

	OMB APP	OMB APPROVAL				
S IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287				

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 burden										
hours per response:	0.5									

1. Name and Address of Reporting Person* RINGOLD GORDON				2. Issuer Name and Ticker or Trading Symbol ARDELYX, INC. [ARDX]								Relationship of Reporting Person(s) to Issuer (Check all applicable)							
RINGULD GURDUN					-						-		2	C Director	r		10% Ov	/ner	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/10/2015								Officer below)	(give title		Other (s below)	pecify	
C/O ARDELYX, INC.						00/10/2013													
34175 ARDENWOOD BLVD, SUITE 100					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)													_ I	'	led by One	Dono	rting Dercor		
FREMO	NT C	A	94555											X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	itate)	(Zip)																
		Ta	ble I - N	on-De	rivativ	ve S	ecurities	Ac	quire	d, Di	sposed of	, or Be	neficially	y Owned					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					Execution Date,		3. 4. Securities Acquir Transaction Code (Instr. 8) 4. Securities Acquir Disposed Of (D) (Ins					5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common Stock 06/10/20				0/2015	.015		P		10,000	A	\$15.188	10,	000		I	By IRA			
			Table II								oosed of, convertib			Owned					
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. Transactic Code (Ins 8)				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 derivative Securities Beneficially Owned Following Reported	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares		Transaction(s (Instr. 4)				
Stock Option (Right to	\$14.6	06/11/2015			A		15,000 ⁽²⁾		(3	3)	06/11/2025	Commor Stock	15,000	\$0.00	15,00	00	D		

Explanation of Responses:

- 1. This transaction was executed in multiple trades in prices ranging from \$14.915 to \$15.43, inclusive. The price reported in Column 4 above reflects the weighted average purchase 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 purchased at each respective price within the range set forth in this footnote.
- 2. The option was issued pursuant to the Issuer's Non-Employee Director Compensation Program.
- 3. 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.

Remarks:

/s/ Elizabeth Grammer,

Attorney-in-Fact for Gordon

Ringold

** Signature of Reporting Person Date

06/12/2015

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.