FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burd	en
l	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

								<u> </u>														
1. Name and Address of Reporting Person*  NEA 15 GP, LLC						2. Issuer Name <b>and</b> Ticker or Trading Symbol ARDELYX, INC. [ ARDX ]											p of Reportir olicable)	ng Pers	. ,			
,																	er (give title	Λ	_	(specify		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 05/25/2018										belov			below)			
1954 GREENSPRING DRIVE							03/23/2016															
SUITE 60	00				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street)											•	•	•		_ine)							
TIMONIUM MD 21093																X Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City)	(St	ate) (	Zip)																			
		Tabl	e I - No	n-Deriv	ative	Se	curiti	es Ac	quire	l, Dis	sposed c	f, o	r Bei	nefic	ially	Owne	ed					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date			Code	saction (Instr					4 and See Be		Amount of ecurities eneficially wned Following eported		vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	· v	Amount		(A) or (D)	Pric	e	Transa	action(s) 3 and 4)			(11150.4)		
Common	Stock			05/25	5/2018	3			A		416,66	66	A	,	<b>§</b> 4	3,0	082,186 I See No 1 <sup>(1)</sup>					
Common	Stock			05/25	5/2018	3			A		416,66	57	A	Ş	<b>5</b> 4	3,082,186 I See 2 <sup>(2)</sup>						
		Та									osed of, onvertib					wned						
L. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year)  3. Transaction Date (Execution Date, if any (Month/Day/Year)			ransaction of code (Instr. Derivati		vative urities uired or oosed o) tr. 3, 4	6. Date	ion Da	Securities Underlying Derivative Security (Ins and 4)  Amc or		nstr. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	F D (I	0. Ownership Form: Ore (D) Or Indirect Or (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					

## **Explanation of Responses:**

- 1. The Reporting Person is the sole general partner of NEA Partners 15-OF, L.P. ("NEA Partners 15-OF"). NEA Partners 15-OF is the sole general partner of NEA 15 Opportunity Fund, L. P. ("NEA Opportunity 15"), the direct beneficial owner of the securities. The Reporting Person disclaims beneficial ownership within the meaning of Section 16 of the Securities Exchange Act of 1934, as amended, or otherwise of such portion of the securities held by NEA Opportunity 15 in which the Reporting Person has no pecuniary interest.
- 2. The Reporting Person is the sole general partner of NEA Partners 15, L.P. ("NEA Partners 15"). NEA Partners 15 is the sole general partner of New Enterprise Associates 15, L.P. ("NEA 15"), the direct beneficial owner of the securities. The Reporting Person disclaims beneficial ownership within the meaning of Section 16 of the Securities Exchange Act of 1934, as amended, or otherwise of such portion of the securities held by NEA 15 in which the Reporting Person has no pecuniary interest.

## Remarks:

/s/ Sasha Keough, attorney-infact 05/30/2018

\*\* 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.