Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. 20549 | |
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| | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|---------------------------------|------------------------------------|------------------|
| to Section 16. Form 4 or Form 5 | | |
| obligations may continue. See | | |

| OMB APF | PROVAL | | | | | | | |
|--------------------------|--------|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response | 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

| Name and Address of Reporting Person* Rodriguez Susan | | | | | 2. Issuer Name and Ticker or Trading Symbol ARDELYX, INC. [ARDX] | | | | | | | | | k all app | , | • | 10% O | | |
|--|--|---|--------|----------|--|--|---|-----|--|-------|--------------------|--|---|--|--|--|--|-----------|---|
| | C/O ARDELYX, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/21/2023 | | | | | | | | belov | | | below) | |
| 400 FIFTH AVENUE, SUITE 210 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) WALTH | AM M. | A 0 | 2451 | | | | | | | | | | 1 ′ | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | reisi | Л | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | juired, | , Dis | posed of | , or E | 3ene | ficiall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Disposed O 5) | | | | | 4 and Securi Benefi Owned | | ies cially Following | Forn (D) o | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common | Stock | | | 02/21/2 | 2023 | | | | S ⁽¹⁾ | | 5,586 | D | \$ | 3.001 | 35 | 5,131 | | D | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | Conversion Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Corivative | | | 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) | | Str. | . Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | Ownersh Form: Direct (D) or Indirect (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) |
| | | | | | Code V | | (A) (D) | | Date Exercisable | | Expiration Date | of Title Shar | | es | | | | | |

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.

/s/ Elizabeth Grammer,

Attorney-in-Fact for Susan

Rodriguez

** Signature of Reporting Person Date

02/24/2023

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.