FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPROVAL										
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l	OMB Number:	3235-0287									
l	Estimated average burden										
l	hours per response	: 0.5									

	Check this box if no longer subject
\Box	to Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	Instruction 1(b)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* RAAB MICHAEL						2. Issuer Name and Ticker or Trading Symbol ARDELYX, INC. [ARDX]								5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owner						
						Date of Earliest Transaction (Month/Day/Year)								X	Office	er (give title		Other (
(Last)	(Last) (First) (Middle) C/O ARDELYX, INC.					05/23/2023								helow) President &				below)		
400 FIFT	A 16 Association of Data of Ocioinal Filed (Month 72 - 27 -)																			
		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 M	A 0	2451												Form filed by More than One Reporting Person					
(City) (State) (Zip)						e 10)b5-	-1(c)) Tran	sac	ction Ind	icatio	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	on-Derivat	tive S	ecui	ities	Acc	quired,	Dis	posed of	, or E	Benefic	ially	Owr	ned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution Date,			ate,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Secur Benef Owne Follow		cially I	Forn (D) o	n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) o	r Price	- 1	Transa	oorted nsaction(s) str. 3 and 4)				
Common	23			S ⁽¹⁾		11,357	D	\$3.6	532	887,655 ⁽²⁾			D							
Common Stock															24,364				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					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	te Execution Date,			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)					e and nt of ities lying ttive ity 3 and 4)			9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	or Number of Shares	1						

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 February 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.

/s/ Elizabeth Grammer, Attorney-in-Fact for Michael 05/24/2023 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.