SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								

L		
l	hours per response:	0.5
l	Estimated average burden	

Amount or Number

Shares

of

Title

	tion 1(b).		Fi	ed pursuar or Sec	nt to Section 16(a) ction 30(h) of the Ir	of the Solvestme	ecuriti nt Cor	es Exchan npany Act	ge Ac of 19	ct of 193 40	34		nours	per response:	0.5	
1. Name and Address of Reporting Person* <u>CMEA Ventures VII LP</u>					2. Issuer Name and Ticker or Trading Symbol <u>ARDELYX, INC.</u> [ARDX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner				
(Last) (First) (Middle) ONE LETTERMAN DRIVE, BUILDING C SUITE CM500					3. Date of Earliest Transaction (Month/Day/Year) 04/08/2015							belo	er (give title w)	below	(specify)	
(Street) SAN FRANCISCO CA 94129			- 4. If Ar	4. If Amendment, Date of Original Filed (Month/Day/Year)					Lin	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Trans Date (Month/		saction /Day/Year)	Execution Date, Transaction Disposed Of (D) (Instr					I Secur Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	Amount		(A) or (D)	Price	Trans	action(s) 3 and 4)		(1150.4)		
Common Stock 04/08			8/2015		J ⁽¹⁾		390,00	00	D	\$0.0	0 2,	768,716	D			
Common Stock		04/0	8/2015		J ⁽²⁾		10,000		D	\$0.0	00 70,990		Ι	By: CMEA Ventures VII (Parallel) LP		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative Security 2. 3. Transaction Date 3A. Deemed Execution Date, (Month/Day/Year)		4. Transacti Code (Ins 8)	on of	r 6. Date Exercisable Expiration Date (Month/Day/Year)			sable and 7. Title and e Amount of		 	8. Price of Derivative Security (Instr. 5) Derivative Securities Beneficially Owned		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Date

Exercisable

Code ۷

(Middle)

94129

(Zip)

(Middle)

94129

(A) (D) Expiration Date

1. Name and Address of Reporting Person* CMEA Ventures VII LP

(Last)

(Street)

(City)

(Last)

SUITE CM500

SUITE CM500

SAN FRANCISCO CA

(First)

(State)

(First)

ONE LETTERMAN DRIVE, BUILDING C

CMEA VENTURES VII (PARALLEL) LP

1. Name and Address of Reporting Person

ONE LETTERMAN DRIVE, BUILDING C

(City) (State) (Zip)

Explanation of Responses:

1. CMEA Ventures VII, L.P., made a pro rata distribution for no consideration of an aggregate of 390,000 shares of Common Stock of the issuer to its general partner and its limited partners on April 8, 2015. 2. CMEA Ventures VII (Parallel), L.P., made a pro rata distribution for no consideration of an aggregate of 10,000 shares of Common Stock of the issuer to its general partner and its limited partners on April 8, 2015.

Remarks:

CMEA Ventures VII, L.P. By:
CMEA Ventures VII GP, L.P.,
its General Partner By: CMEA04/10/2015Ventures VII GP, LLC, its04/10/2015General Partner By: /s/ David04/10/2015Collier, Manager04/10/2015David Collier, Manager of
CMEA Ventures VII GP, LLC,
General Partner of CMEA04/10/2015Ventures VII GP, L.P., General
Partner of CMEA Ventures04/10/2015(Parallel), LP04/10/2015

** 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.