FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average	burden									
hours per respons	e: 0.5									

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(6). 31	ee Instruction 1	0.																	
1. Name and Address of Reporting Person*  Rosenbaum David P.					2. Issuer Name <b>and</b> Ticker or Trading Symbol ARDELYX, INC. [ ARDX ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner							
Koschodum David I.														-		er (give title		Other (	
(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)							1	belov	below) be			`	
C/O ARDELYX, INC.						11/20/2024								Ch	ief Develo	pment (	Officer		
400 FIFTH AVENUE, SUITE 210																			
(Street) WALTHAM MA 02451					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City)	(St	ate) (Ž	Zip)												1 0130	) i			
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	, Dis	posed of	, or E	Benef	icially	/ Own	ed			
Date				2. Transact Date (Month/Day	Execution Date		ate,	3. Transaction Code (Instr 8)					4 and Secu Bene Own		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A) o	Prio	e	Transa	Reported Fransaction(s) Instr. 3 and 4)			(Instr. 4)			
Common Stock 11/20/20					024	)24			S <sup>(1)</sup>		4,941	D	\$4	.7945	29	7,005	D		
Common Stock 11/20/20					024			S <sup>(1)</sup>		2,243	D	\$4	.7945	151,373		Ι		By Wife <sup>(2)</sup>	
Common Stock															7	7,592	I		Family Trust <sup>(3)</sup>
		Tal	ole II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, n/Day/Year)	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expira (Month	tion D		7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)		Der Sed (Ins	Price of erivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owne Form Direct or Ind (I) (Ins	nership m: ect (D) ndirect Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amou or Numb of Shares	er					

## **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. The shares are directly held by the Reporting Person's wife.
- 3. The shares are directly held by David Paul Rosenbaum and Susan Edelstein Rosenbaum, Trustees of the David Paul Rosenbaum Family Trust.

## Remarks:

/s/ Elizabeth Grammer, Attorney-in-Fact for David

11/22/2024

Rosenbaum

\*\* Signature of Reporting Person

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.