FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ect to	STATEMENT OF CHANG

ES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287

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

CMEA VENTURES VII (PARALLEL) LP

(Middle)

94129

(First)

ONE LETTERMAN DRIVE, BUILDING C

(Last)

(Street)

SUITE CM500

SAN FRANCISCO CA

obligat	n 16. Form 4 or ions may contirtion 1(b).			Filed						es Exchanç			34		II.	per response:	0.5	
Name and Address of Reporting Person*				2. Issi	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol ARDELYX, INC. [ARDX]								elationshi ck all ap Dire	plicable)	ng Person(s) to	to Issuer % Owner		
(Last) (First) (Middle) ONE LETTERMAN DRIVE, BUILDING C SUITE CM500					3. Date of Earliest Transaction (Month/Day/Year) 12/30/2014								Offic belo	er (give title w)	Other below	(specify)		
(Street) SAN FRANCISCO CA 94129					4. If A	Line								ndividual or Joint/Group Filing (Check Applicable e) Form filed by One Reporting Person X Person Person				
(City)	(St		Zip)	n-Deriv	ative 9	Securit	ies Acc	nuired	Die	nosed o	f or	Rene	eficially	ν Own	ed ea			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		(A) or	5. Am Secur Benef	ount of rities ficially ed 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		Price	Trans	action(s) 3 and 4)		(
Common	Stock			12/30	/2014			J ⁽¹⁾		390,00	0	D	\$0.00	3,0	616,966	D	_	
Common	ommon Stock			12/30/2014						10,000	10,000 D		\$0.00	92,740		I	By: CMEA Ventures VII (Parallel) LP	
		Ta								sed of, o				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transact Code (In 8)	tion of De Ser Ac (A) Dis of (In:	5. Number on of		6. Date Exercisal Expiration Date (Month/Day/Year		ble and 7. Title		De Se (In	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code \	/ (A)	(D)	Date Exercisa		Expiration Date	Title	or	ount nber ires					
	nd Address of Ventures	Reporting Person* VII LP																
(Last) ONE LE SUITE C		(First) DRIVE, BUIL	(Midd	dle)														
(Street) SAN FR	ANCISCO	CA	9412	29														
(City)		(State)	(Zip)			_												
1. Name ar	nd Address of	Reporting Person*																

(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 December 30, 2014

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 December 30, 2014.

Remarks:

CMEA Ventures VII, L.P. By:
CMEA Ventures VII GP, L.P.,
its General Partner By: CMEA
Ventures VII GP, LLC, its
General Partner By: /s/ David
Collier, Manager
David Collier, Manager of
CMEA Ventures VII GP, LLC,
General Partner of CMEA

O1/02/2015

<u>Ventures VII GP, L.P., General</u> <u>Partner of CMEA Ventures</u> <u>(Parallel), LP</u>

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

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.

 $^{^{\}star}$ 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).