FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 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

Name and Address of Reporting Person* CMEA Ventures VII LP				ARI	2. Issuer Name and Ticker or Trading Symbol ARDELYX, INC. [ARDX]										Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last)	(Fir	,	Middle)	•		3. Date of Earliest Transaction (Month/Day/Year) 01/08/2015								Offic belo	er (give title w)		Other below)	(specify		
ONE LETTERMAN DRIVE, BUILDING C SUITE CM500				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person					
(Street) SAN FRANCI	SCO CA	A 9	4129														n filed by Mor		-	
(City)	(St	ate) (2	Zip)																	
		Tabl	e I - N	lon-Deriv	ative S	Se	cui	ritie	s Acc	uired,	Dis	posed of	f, o	r Ben	eficia	Ily Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution		tion E	Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (AD Disposed Of (D) (Instr. 35)				and Secui	ficially ed	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	Repo Trans		(1130. 4)		(msu. 4)	
Common	Stock			01/08/2	015					S		292,50	0	D	\$24.	.25 3,	324,466	I)	
Common Stock			01/08/2	015				S		7,500		D	\$24.	.25	35,240	1	I	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 (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Acquiret (A) or Dispose of (D) (Instr. 3, and 5)		vative rities uired r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) Amount of Securities Underlying Derivative Security (In: 3 and 4)			3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owi For Dire or I (I) (I	nership m: ect (D) ndirect Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)							
					Code	ļ	v	(A)	(D)	Date Exercisa		Expiration Date	Titl	or Nu of	nount mber ares					
1. Name and Address of Reporting Person* CMEA Ventures VII LP																				
(Last) (First) (Middle) ONE LETTERMAN DRIVE, BUILDING C SUITE CM500																				
(Street)	ANCISCO	CA	94	1129																
(City)		(State)	(Z	ip)																

1. Name and Address of Reporting Person* CMEA VENTURES VII (PARALLEL) LP							
(Last)	(First)	(Middle)					
ONE LETTERMAN DRIVE, BUILDING C SUITE CM500							
(Street)							
SAN FRANCISCO	CA	94129					
(City)	(State)	(Zip)					

Explanation of Responses:

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
Ventures VII GP, L.P., General
Partner of CMEA Ventures
(Parallel), LP
** Signature of Reporting Person

Date

** David Collier, Manager of
CMEA Ventures VII GP, LLC,
General Partner of CMEA
Ventures VII GP, L.P., General
Partner of CMEA Ventures
(Parallel), LP

** 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).