FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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| 3 , | | | |

| STATEMENT | OF CHANGES | S IN BENEFICIA | L OWNERSHIP |
|------------------|------------|----------------|-------------|

| OMB APPROVAL | | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | | |
| hours ner resnonse | . 05 | | | | | | | | | | |

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

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

| 1. Name and Address of Reporting Person* GRAMMER ELIZABETH A | | | | | | 2. Issuer Name and Ticker or Trading Symbol ARDELYX, INC. [ARDX] | | | | | | | | Check | all appl Direct | , | ng Per | rson(s) to Is 10% Ov Other (s | wner |
|--|--|-----|-------------------|-------------------------------------|---|--|------------------|-----------------|---|--------------------|--------------------|--|---|---|--------------------------------------|---|--------|-------------------------------------|--------|
| | (Fii DELYX, IN RDENWO | , | Middle) ΓΕ 200 |) | 3. Date of Earliest Transaction (Month/Day/Year) 02/22/2021 | | | | | | | | | X | below | | emar | below) | эреспу |
| (Street) FREMO | NT CA | Λ 9 | 4555 Zip) | | 4. If A | | | | | | | | 6. Indiv Line) X | ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day) | | | | | Execution Date, | | | | s Acquired (A) of (D) (Instr. 3, 4 | | 4 and Secu Bene | | mount of urities eficially ned Following | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Price | | Transa | ction(s) 3 and 4) | | | (|
| Common | Stock | | | | | | | | | | | | 2,971 | | | I | By Son | | |
| Common | Stock | | | 02/22/2 | 021 | | S ⁽¹⁾ | | 504 | D | D \$6.88 | | 825 103,420 | | | D | | | |
| | 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) | vative Conversion Date Execution Date, if any | | | ansaction of ode (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | Der Sec (Ins | Price of erivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) | | | |
| | of Posnon | | | | Code | Code V (A) (D) | | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | 1 | | | | | | |

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.

Remarks:

Chief Legal and Administrative Officer

/s/ Elizabeth Grammer 02/24/2021

** 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.