FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
vuoimigion,	D.O.	20040	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number: 3235-028 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).

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* Bazemore Robert B					2. Issuer Name and Ticker or Trading Symbol ARDELYX, INC. [ARDX]					(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last)	`	•	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023							Officer below)	(give title		Other (specifically below)	pecify
C/O ARDELYX, INC. 400 FIFTH AVENUE, SUITE 210			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street) WALTHAM MA 02451				L								Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)		$ $ _	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Inst						nt to a contr e Instruction	ntract, instruction or written plan that is intended to ion 10.				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,		oate,	3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			ed (A) or tr. 3, 4 and	Beneficia Owned F	es Form ally (D) of following (I) (II	Form: (D) or	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)					
		•							iired, Dis options,				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	ate, Ti	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	is Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)	J.1(3)		
Stock Option (Right to Buy)	\$3.92	06/15/2023			A		49,237 ⁽¹⁾		(2)	06/15/2033	Common Stock	49,237	\$0	49,23	7	D	

Explanation of Responses:

- $1. \ The \ shares \ were \ issued \ pursuant \ to \ the \ Issuer's \ Non-Employee \ Director \ Compensation \ Program.$
- 2. The option vests with respect to 1/12th of the shares subject thereto on each monthly anniversary of the grant date, which vesting will accelerate in full on the date of the next annual stockholder's meeting to the extent unvested as of such date, subject to continued service through each applicable vesting date.

Remarks:

/s/ Elizabeth Grammer,

Attorney-in-Fact for Robert B. 06/16/2023

Bazemore

** 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.