## Edgar Filing: FIBROGEN INC - Form 4

FIBROGEN Form 4											
November 17	7, 2015										
FORM	<b>4</b> UNITED	STATES					IGE (	COMMISSION		9PROVAL 3235-0287	
Check thi if no long subject to Section 1 Form 4 of Form 5 obligation may conti <i>See</i> Instru 1(b).	6. Filed pu Section 17	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							burden hou response	Expires:January 312005Estimated averageburden hours perresponse0.5	
(Print or Type R	Responses)										
			2. Issuer Name <b>and</b> Ticker or Trading Symbol FIBROGEN INC [FGEN]				g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O FIBRO ILLINOIS S	GEN, INC., 409	(Middle)	3. Date of (Month/Da 11/13/20	-	ansaction			Director X Officer (giv below)	10%	o Owner er (specify	
				If Amendment, Date Original led(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
SAN FRAN	CISCO, CA 941	158						Form filed by Person	More than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecuri	ties Acq	uired, Disposed o	of, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	) Execution any	med on Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	4. Securit on(A) or Dis (D) (Instr. 3, 4)	sposed	l of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	11/13/2015			M	10,000	(D) A	9 9 Price	94,044	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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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)	4. Transactio Code (Instr. 8)	5. Number of orDerivative 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 Underlying Securities (Instr. 3 and 4)		8 1 2 (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 2.9	11/13/2015		М	10,000	<u>(1)</u>	06/09/2020	Common Stock	10,000	

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
VALONE FRANK H MD C/O FIBROGEN, INC. 409 ILLINOIS ST. SAN FRANCISCO, CA 94158			Chief Medical Officer					
Signatures								
/s/ Dorothy Pacini, Attorney-in-fact	1	1/17/2015						

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

- \* 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).
- (1) Fully vested.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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