## Edgar Filing: CYTOKINETICS INC - Form 4

CYTOKIN Form 4 January 05,	ETICS INC 2015									
FORM	14							-	PPROVAL	
	UNITED	STATES		RITIES A Ashington			COMMISSIO	N OMB Number:	3235-0287	
Check t if no los	nger				Expires:	January 31, 2005				
subject Section Form 4	to <b>STATE</b> 16.	MENT OF	CHA!	WNERSHIP OF	Estimated burden hou response	average urs per				
Form 5 obligations may continue. See Instruction 1(b). 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										
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> HENDERSON JOHN T			2. Issuer Name <b>and</b> Ticker or Trading Symbol CYTOKINETICS INC [CYTK]				5. Relationship of Reporting Person(s) to Issuer			
							(Check all applicable)			
(Last) (First) (Middle) 280 EAST GRAND AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 01/02/2015			X_ Director 10% Owner Officer (give title Other (specify below) below)				
			4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
SOUTH S. FRANCIS	AN CO, CA 94080						Person	wore than one R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution I any	ed 3. 4. Securities Date, if TransactionAcquired (A) or Code Disposed of (D) y/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or		es (A) or of (D) • and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect		
Reminder: Re	eport on a separate line	e for each cla	uss of sec				or indirectly.			
	on a sopulato ini				Perso inform requir	ns who rest ation cont ed to respo ys a curre	spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Ar
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Se
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year) (Instr.		8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title
Non-Qualified Stock Option (right to buy)	\$ 7.37	01/02/2015		А		11,872		02/02/2015 <u>(1)</u>	01/02/2025	Common Stock

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
HENDERSON JOHN T 280 EAST GRAND AVENUE SOUTH SAN FRANCISCO, CA 94080	Х						
Signatures							
By: Sharon A. Barbari For: John T. Henderson		01/05/2015	5				

\*\*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) This option shall vest and become exercisable as to 11,872 shares divided into equal monthly installments such that the option shall be 100% vested on January 2, 2016.
- (2) This option was issued to the reporting person pursuant to the Cytokinetics 2004 Equity Incentive Plan in lieu of an annual retainer of \$35,000.

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.