FORM 4

Check this box if no longer subject to

1. Name and Address of Reporting Person

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| vvasni | ington, | D.C. | 20549 |
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| STATEMENT | OF CHANGES | IN BENEFICIAL | OMNEKSHIP |

2. Issuer Name and Ticker or Trading Symbol

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

5. Relationship of Reporting Person(s) to Issuer

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

| Yu K Peony | | | <u>Fl</u> | FIBROGEN INC [FGEN] | | | | | | | | Direc | all applicable) Director Officer (give title | | 10% Ov Other (s | | | |
|---------------------------------|---|--|------------------|--|---------------|---|------------|---|---|----------------------------|---|-----------------|--|--|-------------------------------|---------------|--|--|
| | (First) (Middle) IBROGEN, INC. LINOIS ST. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/08/2017 | | | | | | | | ^ below | below) Chief Medical Officer | | | респу |
| (Street) SAN FRANCI | | | 94158 | | _ 4. _ | ndme | nt, Date o | of Original Filed (Month/Day/Year) | | | | 6. I Lin | e) X Form Form | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (5 | · | (Zip) | n-Deri | ivativ | o So | curit | tios Ac | quired | Di | enosed o | of or Re | neficial | ly Owne | | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, ear) if any | | | | s Acquired (A) or of (D) (Instr. 3, 4 and 5) | | 5. Amo Securi Benefi | 5. Amount of Securities Beneficially Owned Following | | n: Direct r Indirect estr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Report Transa (Instr. : | ed ction(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock | | | 08/08 | 3/2017 | 2017 | | M | | 20,000 | A | \$14.5 | 75 23 | 6,507 | | D | | | |
| Common Stock | | 08/08 | 8/2017 | 1017 | | | S | | 32,400(1 | .) D | \$50.5 | (2) 20 | 4,107 | | D | | | |
| Common Stock 08/08 | | | 8/2017 | 2017 | | S | | 5,100(1) | D | \$51.11 | 199,007 | | | D | | | | |
| | | - | Table II | | | | | | | | oosed of, convertil | | | Owned | | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | Execution if any | | | ansaction of ode (Instr. Derivative | | ivative urities juired or oosed D) (Instr. | 6. Date Exerci Expiration Dat (Month/Day/Ye | | te of Securities | | ties g e Security | 8. Price of Derivative Security (Instr. 5) | | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) |
| | | | | | Code | | (A) | (D) | Date Exercisa | ble | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option (Right to | \$14.575 | 08/08/2017 | | | M | | | 20,000 | (4) | | 03/19/2024 | Common Stock | 20,000 | \$0.00 | 77,00 | 0 | D | |

Explanation of Responses:

- 1. Shares sold pursuant to a 10b5-1 plan.
- 2. The shares were sold at prices ranging from \$50.10 to \$50.975. The reporting person will provide upon request to the SEC, the issuer or security holder of the issuer, full information regarding the number of shares sold at each separate price.
- 3. The shares were sold at prices ranging from \$51.00 to \$51.45. The reporting person will provide upon request to the SEC, the issuer or security holder of the issuer, full information regarding the number of shares sold at each separate price.
- 4 Fully vested

Remarks:

/s/ Dorothy Pacini, Attorney-in-08/10/2017 fact

** 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.