FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	OIVID APPROVAL										
	OMB Number:	3235-0287									
	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

								` '			' '								
1. Name and Address of Reporting Person* MADERO MIGUEL						2. Issuer Name and Ticker or Trading Symbol FIBROGEN INC [FGEN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O FIBROGEN, INC. 409 ILLINOIS ST.						3. Date of Earliest Transaction (Month/Day/Year) 11/19/2014								Officer (give title below) Other (specify below)					
(Street) SAN FRANCISCO CA 94158				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																
		Ta	ble I - No	n-Deri	vativ	re Se	ecuri	ties Ac	quired,	Dis	posed o	f, or Bei	neficially	Owned					
1. Title of Security (Instr. 3) 2. Trans: Date (Month/E						Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.) 8)		ies Acquired Of (D) (Insti	d (A) or r. 3, 4 and 5)	Beneficially Owned Followin		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 ar				(Instr. 4)	
Common Stock 11/19/							2014		С		334,666 A		(1)	468,631				See footnote ⁽²⁾	
Common Stock														20,6	,600		D		
			Table II -									or Bene ble secu		Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year)		3A. Deeme Execution if any (Month/Day	d Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative		6. Date Exercis Expiration Date (Month/Day/Yea		sable and 7. Title and Am of Securities		d Amount les g Security	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporter	ve es ally ng d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares		Transaction (Instr. 4)				
Series A Convertible Preferred Stock	(1)	11/19/2014			С			85,967	(1)		(1)	Common Stock	34,386	(1)	0	I		See footnote ⁽²⁾	
Series B Convertible Preferred Stock	(1)	11/19/2014			С			584,633	(1)		(1)	Common Stock	233,852	(1)	0		I	See footnote ⁽²⁾	
Series E Convertible Preferred Stock	(1)	11/19/2014			С			15,839	(1)		(1)	Common Stock	6,335	(1)	0		I	See footnote ⁽²⁾	
Series RA Convertible Preferred	(1)	11/19/2014			С			150,234	(1)		(1)	Common Stock	60,093	(1)	0		I	See footnote ⁽²⁾	

Explanation of Responses:

1. Each share of the issuer's Series A Preferred Stock, Series B Preferred Stock, Series E Preferred Stock and Series RA Preferred Stock automatically converted into 0.4 of a share of common stock immediately prior to the closing of the issuer's initial public offering, and has no expiration date.

2. The shares are held in accounts for the benefit of family members of the reporting person. The reporting person maintains voting and dispositive power over the shares held in such accounts.

Remarks:

Stock

/s/ John Alden, Attorney-in-fact 11/21/2014

** Signature of Reporting Person Da

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

** 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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 4 (b)(v).