FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>Routti Jorma</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol FIBROGEN INC [FGEN] | | | | | | | | eck all | nship of R applicabl pirector | , | | rson(s) to Issuer 10% Owner | |
|--|---|--|---|-----------------------|--------|---|-----------------------------|----------|--|-------------|-----------------------|--|--|---|---|----------------------------------|---|---|---------------------------------------|
| | (Fi ROGEN, IN | • | · · · | | | | | est Tran | saction (M | n/Day/Year) | | | Officer (give title below) | | Other (s below) | | specify | | |
| (Street) SAN FRANCI | sco C | A | 94158 | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | e) <mark>X</mark> F | | | | | rson |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | on-Deriv | vative | Sec | uriti | ies Ac | quired | , Dis | sposed o | f, or Be | neficia | ly Ov | vned | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution | | | Transaction Code (Instr. | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | and 5) Secu Bene Owne | | , | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Tra | ported ansaction str. 3 and | n(s) I 4) | | | (Instr. 4) | |
| Common Stock 07/09/2 | | | /2018 |)18 | | М | | 6,000 | A | \$18 | | 137,540 | | D | | | | | |
| Common Stock 07/09/2 | | | /2018 | 018 | | S | | 6,000(1) | D | \$67.71 | (2) | 131,540 | | D | | | | | |
| | | ī | able II | | | | | | | | oosed of, converti | | | O wn | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deer Execution if any (Month/E | n Date, Trans Code | | ection Instr. | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price Deriva Securi (Instr. | ttive derivative Securi 5) Benefi Owned Follow Report | ollowing eported ansactior | y Ov Fo Dii or (I) | vnership rm: rect (D) Indirect (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Stock Option (Right to | \$18 | 07/09/2018 | | | М | | | 6,000 | (3) | | 11/13/2024 | Common Stock | 6,000 | \$0.0 | 00 | 6,000 | | D | |

Explanation of Responses:

- 1. Shares sold pursuant to a 10b5-1 plan.
- 2. The shares were sold at prices ranging from \$67.25 to \$68.175. 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. Fully vested.

Remarks:

/s/ Dorothy Pacini, Attorney-

07/11/2018

in-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.