FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								

0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden hours per response: Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

							. ,				1								
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol FIBROGEN INC FGEN									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>VALONE FRANK H MD</u>				1	TIDITO GENTINO [TODAY]									I	Direct	or	10%	Owner	
(Loot)	/Fi	rot) /	Middle)											_		Office below	r (give title ')	Othe belov	r (specify v)
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)											Chief Medical Officer		
C/O FIBROGEN, INC.				05/	05/14/2015														
409 ILLI	NOIS ST.																		
(Street)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
SAN			= =												-,	Form	filed by One	Reporting Pe	son
FRANCI	SCO CA	A 9	94158													Form filed by More than One Reporting			
																Perso		e man one re	porting
(City)	(St	ate) (	Zip)																
		Tabl	e I - Nor	n-Deriva	ative	Sec	uritie	s Ac	quire	d, Dis	sposed o	f, oı	r Ber	neficia	ally O	wne	d		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution			Cod	Transaction Disposed Code (Instr. 5)		ties Acquired (A) I Of (D) (Instr. 3,			nd Se B O	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Cod	e V	Amount		(A) or (D)	Price			ction(s) 3 and 4)		
Common Stock 05/14/.					/2015		F		2,906		D	\$21	.39	85,452		D			
		Та									osed of, convertib				y Owr	ned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Date,	Date, Transaction				Expira	EXERC tion Da n/Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		f g	8. Price Derivat Securit (Instr. 5	vative ırity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	or Nu of	umber					

**Explanation of Responses:** 

Remarks:

/s/ John Alden, Attorney-in-

fact

\*\* Signature of Reporting Person

Date

05/18/2015

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

- $^{\star}$  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.