FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287									
Estimated average burden									
hours per response:	0.5								

obligations may continue. See Instruction 1(b).						ed pursuant to Section 16(a) of the Securities Exchange Act of 1934										hours	per res	sponse:	0.5	
1. Name and Address of Reporting Person*					2.1	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol FIBROGEN INC [FGEN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Wettig Thane													Directo			10% Ov				
(I. a at)	(1	-irot)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)							7	below)	(give title		Other (s below)	респу		
(Last) C/O FIR	```	First)	(Midule)		08,	08/07/2023								Chief Commercial Officer						
C/O FIBROGEN, INC. 409 ILLINOIS STREET					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)					-									2	K Form fi	led by One	e Repo	rting Perso	n	
(Street) SAN CA 94158														Form fi Person	led by More than One Repor			ting		
FRANC	FRANCISCO					Rule 10b5-1(c) Transaction Indication														
(City)	(5	State)	(Zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Та	ble I - No	on-Der	ivativ	e Se	ecuritie	s Ac	quired, C	Dis	posed o	of, oi	r Ben	eficially	/ Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,			Transaction Disposed Of Code (Instr.			ities Acquired (A) o d Of (D) (Instr. 3, 4 i			Beneficia Owned F	es For ally (D) Following (I) (: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	mmon Stock 08/07/20			7/2023	2023		A		200,00	,000 ⁽¹⁾ A		\$0.00	308,261		D					
			Table II ·						uired, Di s, options						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	te Execution		Date, Transactio Code (Inst		5. Numbo Derivativ Securitie Acquired or Dispo of (D) (In 3, 4 and	6. Date Exercisable an Expiration Date (Month/Day/Year)			of Securities		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		xpiration Date	Title	0 N	mount r lumber f Shares		(Instr. 4)				
Stock																				

Explanation of Responses:

\$1.77

1. Represents the grant of Restricted Stock Units ("RSUs") that vest quarterly over 1 year from August 1, 2023, subject to the reporting person's continued service with the company on each such date.

300,000

2. Twenty-Five percent of the shares subject to the option vest on August 7, 2024 and the remainder vest quarterly in equal installments over the following 3 years, subject to the reporting person's continued service with the company on each such date.

(2)

Remarks:

Option (Right to

Buy)

/s/ Cecelia Monoarfa-Taime, Attorney-in-fact

300,000

\$0.00

Common

Stock

08/06/2033

08/09/2023

300,000

D

** 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).

08/07/2023

** 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.