FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

CTATEMENIT	OF CHANCES	IN DENIETICIAL	OWNEDCHID
STATEMENT	OF CHANGES	IN BENEFICIAL	OMNEKSHIP

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

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

Name and Address of Reporting Person* Schoeneck James A		2. Issuer Name and Ticker or Trading Symbol FIBROGEN INC [FGEN]								(Che	eck all applic	cable) or (give title	g Pers	son(s) to Iss 10% Ov Other (s below)	ner				
(Last) (First) (Middle) C/O FIBROGEN, INC.		3. Date of Earliest Transaction (Month/Day/Year) 11/13/2014									50.000)			DCIOW)					
409 ILLI 	NOIS ST.				4 If	Amo	ndmont [Doto o	f Original F	ilod	(Month/Do	w/Voor)		- G In	dividual or	loint/Croup	Filing	(Check Ap	alicable
(Street) SAN FRANCI	sco C	A	94158		4. 11	Ame	enament, t	Jale 0	i Onginai F	-iieu	(монилоа	iy/ rear)		Line) <mark>X</mark> Form f	iled by One	Repo	orting Person	n
(City)	(S	tate)	(Zip)																
		Tab	le I - Non-	-Deriva	ative	Se	curities	Acc	quired, I	Disp	osed o	f, or E	Bene	eficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)			Execution Date,		, Transaction Disposed C Code (Instr. 5)		ties Acquired (A) o d Of (D) (Instr. 3, 4 a				es Formally (D) (Following (I) (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)			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Conversion of Exercise (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year)		ate, Tr	Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Cc	ode	v	(A)		Date Exercisabl		expiration Date	Title	0 N	Amount or Number of Shares					
Stock Option (Right to	\$18	11/13/2014			A		12,000		(1)	1	1/13/2024	Commo		12,000	\$0.00	12,000)	D	

Explanation of Responses:

1. The shares subject to the option vest quarterly over one year.

Remarks:

/s/ John Alden, Attorney-in-fact 11/17/2014

** 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.