## FORM 4

## **UNITED STATES SECU**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

URITIES AND EXCHANGE COMMISS	IC	J	ľ
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OMB APPROVAL										
OMB Number:	3235-0287									

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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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity
securities of the issuer that is intende
to satisfy the affirmative defense
conditions of Rule 10b5-1(c). See
Instruction 10

instruc	tion 10.																	
1. Name and Address of Reporting Person*  Kauffman Michael				2. Issuer Name and Ticker or Trading Symbol FIBROGEN INC   FGEN								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Maurin	iaii iviicii	idei												Directo	r		10% Ow	ner
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/04/2025								Officer below)	(give title		Other (specification)	pecify	
C/O FIBROGEN, INC.				100	3/04/2	.023												
350 BAY	STREET,	, SUITE 100, #60	009		<u> </u>	16 0		) - t	of Onininal I		(Manath /Da	()(===)			-:-+/0	Filian	(Obsols Assa	:
(Street)					-   4.	II Ame	enament, L	Jate (	of Original F	ilea	(Month/Da	iy/ rear)	Lin	ndividual or J e)	omvGroup	Filing	(Спеск Аррі	icable
SAN														✓ Form fi	led by One	Repo	rting Person	
FRANCI	ISCO (	CA	94133											Form fi Persor		e than	One Report	ing
(City)	(:	State)	(Zip)															
		Та	ble I - Non	-Deriv	vativ	ve Se	curities	s Ac	quired,	Disp	osed c	of, or Be	neficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)					2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.					Beneficia Owned F	s ally following	Form: (D) or	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) o (D)	Price	Reported Transact (Instr. 3 a	tion(s)		1			
			Table II - [						uired, D s, option					Owned		,	•	
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Tr Security or Exercise (Month/Day/Year) if any C		ransa ode (l		5. Number Derivative Securities Acquired or Dispos of (D) (Ins 3, 4 and 8	e s (A) sed str.	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)		
				С	ode	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)	ion(a)		
Stock Option (Right to Buy)	\$0.3051	06/04/2025			A		70,000		(1)	0	6/03/2035	Common Stock	70,000	\$0	70,00	00	D	
Stock Option (Right to	\$0.3051	06/04/2025			A		120,000		(2)	0	6/03/2035	Common Stock	120,000	\$0	120,0	00	D	

## **Explanation of Responses:**

- 1. The shares subject to the option shall vest in equal quarterly installments over three years from the date of grant, subject to the reporting person's continued service at each applicable vest date.
- 2. The shares subject to the option shall vest on the earlier of four equal quarterly installments measured from the date of grant or the date of the next annual meeting of stockholders, subject to the reporting person's continued service at each applicable vest date.

/s/ Michael Hom, Attorney-in-

06/06/2025

**Fact** 

\*\* Signature of Reporting Person

Date

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.