SEC	Form 4
-----	--------

Stock Option (Right to

Buy)

three years.

**Remarks:** 

\$15.6

**Explanation of Responses:** 

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

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

FORM 4

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1 Nome -	ad Addroop at	f Reporting Person*			2	Issue	r Name <b>an</b>	nd Tick	er or Trad	ina S	vmhol			5 R	ationship o	f Renortin	Perso	on(s) to lss	ier	
	na Adaress o no Enriqu	1 0					OGEN								ck all applic		910130	5		
Conten	<u>no Emiq</u>				1					-				2	Directo	r		10% Ov	vner	
(Last)	(F	-irst)	(Middle)			Data		<b>T</b>			D (			>	Officer below)	(give title		Other (s below)	pecify	
C/O FIBROGEN, INC.					3. Date of Earliest Transaction (Month/Day/Year) 02/14/2022									Chief Executive Officer						
	INOIS STR																			
(Street)					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. In Line	6. Individual or Joint/Group Filing (Check Applicable					
SAN	C	CA	94158										1 1	X Form filed by One Reporting Person						
FRANC	ISCO		94130												Form filed by More than One Reporting Person					
(City)	(5	State)	(Zip)																	
		Та	ble I - Noi	n-Deri	vativ	ve Se	ecuritie	s Ac	quired,	Dis	posed	of, o	r Ben	eficially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/E			h/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed		ities Acquired (A) d Of (D) (Instr. 3, 4			Beneficia Owned F	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Code	v	V Amount		(A) or (D)		Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)		
Common	Common Stock			02/1	14/2022				A		179,400 <sup>(1)</sup>		A	\$0.00	312,104			D		
Common Stock													27,	27,800		I	By Trust			
			Table II -												Dwned					
				(e.g.,	puts	s, cal	ls, warr	ants	, optior	is, c	onvert	ible	secur	ities)						
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date or Exercise (Month/Day/Year) if any		ate, T	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)				7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported	e Ownersh s Form: Illy Direct (D or Indire g (I) (Instr.	Ownership	Beneficial Ownershi t (Instr. 4)		
							1						4	mount		Transacti (Instr. 4)	ion(s)			

Date Exercisable

(2)

1. Represents the grant of restricted stock units (RSUs). Twenty-five percent of the RSUs will vest on March 6, 2023, and the remainder of the RSUs will vest in equal amounts quarterly thereafter for the following

(D)

2. Twenty-five percent of the shares subject to the option will vest on March 1, 2023, and the remainder of the options will vest in equal amounts quarterly thereafter for the following three years.

(A)

298,000

Code V

Α

Expiration Date

02/13/2032

Title

<u>fact</u>

Commor

Stock

or Number

of Shares

298,000

/s/ Dorothy Pacini, Attorney-in-

\*\* Signature of Reporting Person

\$0.00

298,000

02/16/2022

Date

D

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).

02/14/2022

\*\* 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.