FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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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). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Neff Thomas B | | | | | | 2. Issuer Name and Ticker or Trading Symbol FIBROGEN INC [FGEN] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|--|--|-------------|--|------------------------------|-------------------------------|---|---|--|--|------|-----------|---|--------|---|--|------------------------------------|---|--|--|--------------------------|--|
| (Last) C/O FIBI 409 ILLI | ROGEN, | | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/06/2018 | | | | | | | | X | Office | er (give titl v) | e Other (specify below) ecutive Officer | | r (specify w) | |
| (Street) SAN FRANCI (City) | SCO | CA (Stat | | 14158 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | , | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | ed (A) or | or 5. Am and Secu Bene Owne | | 5. Amount of Securities Beneficially Owned Following | | : Direct | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | | Code | v | Amount | (A) o | Price | Tr | Reported Transact Instr. 3 a | ction(s) | | | (Instr. 4) | |
| Common Stock | | | 06/06/2018 | | | | F | | 6,373(1) | D | \$56 | .6 | 2,84 | 6,033 | D | | | | | | |
| Common | Stock | | | | | | | | | | | | | | | 109 | ,482 | | | By Family Partnership | |
| Common Stock | | | | | | | | | | | | | | 19, | 500 | | I | By Spouse | | | |
| Common Stock | | | | | | | | | | | | | 60,946 | | I | | See footnote ⁽²⁾ | | | | |
| | | | Та | ble II - | | | | | | | | osed of, convertib | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative lecturity lenstr. 3) Price of Derivative Security Security Price of Derivative Security Sec | | | 4. Transa Code (8) | Instr. | Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4) Amount or Number of Title Shares | | rice of vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

- 1. Represents shares withheld by the issuer to satisfy a tax obligation realized by the reporting person upon the vesting of restricted stock units.
- 2. The shares are held by BioGrowth Partners, LP. The reporting person is the sole general partner of BioGrowth Partners, LP and has sole voting and dispositive power over the shares held by BioGrowth Partners, LP.

Remarks:

/s/ Dorothy Pacini, Attorney-06/08/2018 in-fact

** 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.