FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Neff Thomas B							2. Issuer Name and Ticker or Trading Symbol FIBROGEN INC [FGEN]								(Che	ck all app	olicable) ctor			Owner	
(Last) (First) (Middle) C/O FIBROGEN, INC. 409 ILLINOIS ST.							3. Date of Earliest Transaction (Month/Day/Year) 05/02/2016								X Officer (give title Other (specify below) Chief Executive Officer						
(Street) SAN FRANCISCO CA 94158						4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Stat		Zip)																	
1 Title of 9	Socurity (In	ctr		e I - N	Non-Deriv		2A. De		s A	cquire 3.	ed, D	A Securities	-		iall	y Owne		l s ov	vnership	7. Nature of	
1. Title of Security (Instr. 3)					Date (Month/Day/Year)		Execution Date,		Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			d 5) Securities Beneficially Owned Following		es ally Following	Form: Direct (D) or Indirect (I) (Instr. 4)		Indirect Beneficial Ownership		
										Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock				05/02/2016					S	П	13,500(1)	D	\$17.9	5 ⁽²⁾	3,55	52,353		D		
Common Stock				05/03/2016					S		13,500(1)	D	\$17.6	3,538,853		8,853	D				
Common Stock																145,070		I		By Family Partnership	
Common Stock																20,000		I		By Spouse	
Common	Stock															60	,946	I See footno			
			Та	ble II								posed of, convertib				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercis Price of Derivative Security	se (Month/Day/Year)		Execu	eemed tion Date, h/Day/Year)	4. Trans Code 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expi	te Exer ration E th/Day		7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)		De Se (Ir	Price of erivative ecurity nstr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e s lly	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	

Explanation of Responses:

- 1. Shares sold pursuant to a 10b5-1 plan.
- 2. The shares were sold at prices ranging from \$17.69 to \$18.36. The reporting person will provide upon request to the SEC, the issuer or security holder of the issuer, full information regarding the number of shares sold at each separate price.
- 3. The shares were sold at prices ranging from \$17.14 to \$17.95. The reporting person will provide upon request to the SEC, the issuer or security holder of the issuer, full information regarding the number of shares sold at each separate price.
- 4. 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-

05/03/2016

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.