FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 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).

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*  Kouchakji Elias  (Last) (First) (Middle)   |   |  |   |         |                                    | 2. Issuer Name and Ticker or Trading Symbol FIBROGEN INC [ FGEN ] |        |                                      |  |  |                    |  |  | helow)   | cable) or (give title  |   | 10% Ow<br>Other (s<br>below)   | ner<br>pecify                         |
|--|---|--|---|---------|------------------------------------|---|--------|--------------------------------------|--|--|--------------------|--|--|--|--|---|--|---------------------------------------|
| C/O FIBROGEN, INC.   |   |  |   |         |                                    | 3. Date of Earliest Transaction (Month/Day/Year) 11/17/2020       |        |                                      |  |  |                    |  | SVP, Clinical Dev, Drug Safety               |  |  |   |  |                                       |
| 409 ILLINOIS ST.   |   |  |   |         |                                    |   |        |                                      |  |  |                    |  |  |  |  |   |  |                                       |
| (Street) SAN FRANCI  | , , , , , , , , , , , , , , , , , , ,                                 |  |   |         | 4. If                              | 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)   | (St   | rate) (                                    | (Zip)   |         |                                    |   |        |                                      |  |  |                    |  |  |  |  |   |  |                                       |
|  |   | Tab  | le I - No   | n-Deriv | ative                              | Sec   | curiti | es Ac                                | quired,  | Dis  | posed c            | of, or Be  | neficia                                      | lly Owne   | t  |   |  |                                       |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day   |   |  |   |         |                                    | Execution Date,   |        | Transaction Disposed Of Code (Instr. |  | ies Acquired (A) or<br>Of (D) (Instr. 3, 4 and |                    | Benefic  | es Form<br>ially (D) of<br>Following (I) (II |  | r Indirect Estr. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |                                       |
|  |   |  |   |         |                                    |   |        |                                      | Code   | v  | Amount             | (A) or<br>(D)  | Price  | Transac  | Transaction(s) (Instr. 3 and 4)  |   |  | msu. 4)                               |
| Common Stock 11/17/2   |   |  |   |         | /2020                              | 2020  |        | М                                    |  | 7,082  | 082 A \$1          |  | 75 134                                       | 134,495  |  | D   |  |                                       |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |   |         |                                    |   |        |                                      |  |  |                    |  |  |  |  |   |  |                                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |         | 4.<br>Transacti<br>Code (Ins<br>8) |   |        |                                      | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |  | )                  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |  |   |         | Code                               | v   | (A)    | (D)                                  | Date<br>Exercisab  |  | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares       |  |  |   |  |                                       |
| Stock<br>Option<br>(Right to<br>Buy)   | \$14.575  | 11/17/2020                                 |   |         | M                                  |   |        | 7,082                                | (1)  |  | 03/19/2024         | Common<br>Stock  | 7,082  | \$0.00   | 0  |   | D  |                                       |

**Explanation of Responses:** 

1. Fully vested.

Remarks:

/s/ Dorothy Pacini, Attorney-

11/19/2020

in-fact

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).