SEC Form 4	
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## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

1. Name and Addre VALONE FR (Last) C/O FIBROGEI 409 ILLINOIS	(First) N, INC.		2. Issuer Name and Ticker or Trading Symbol <u>FIBROGEN INC</u> [ FGEN ]       3. Date of Earliest Transaction (Month/Day/Year)     12/17/2015		ationship of Reporting P k all applicable) Director Officer (give title below) Chief Medica	10% Owner Other (specify below)
(Street) SAN FRANCISCO (City)	CA (State)	94158 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indir Line) X	vidual or Joint/Group Fil Form filed by One Re Form filed by More th Person	eporting Person

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction         2A. Deemed         3.         4. Securities Acquired (A) or           Date         Execution Date,         Transaction         Disposed Of (D) (Instr. 3, 4 at					5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect		
	(Month/Day/Year)	if any (Month/Day/Year)		Code (Instr. 5) 3)				Beneficially Owned Following Reported	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
			Code V		Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)		(1130.4)
Common Stock	12/17/2015		G	v	2,500	D	\$0.00	86,840	D	
Common Stock								4,000	Ι	By trust

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

										-					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Deriv Secu Acqu (A) or Dispo of (D)	sposed (D) str. 3, 4		ate	Amount of			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

Remarks:

#### <u>/s/ Dorothy Pacini, Attorney-</u> <u>in-fact</u>

\*\* Signature of Reporting Person Date

12/18/2015

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.