Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					or Sec	cuon 3	O(h) of the Ir	ivesime	ini Cor	npany Act o	л та	940							
Name and Address of Reporting Person* Eisner Mark				2. Issuer Name and Ticker or Trading Symbol FIBROGEN INC [FGEN]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
				TIDIOGEN ING [TOEN]									Direct	tor		10% O	wner		
												_	X	Office	er (give title	e Other (sp below)		specify	
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 12/01/2021								Chief Medical Officer							
	ROGEN, II	NC.			12/01	1/202	1												
409 ILLI	NOIS ST.																		
(Street)					4. If A	mendr	ment, Date o	f Origina	al File	d (Month/Da	ay/Y	′ear)	6. Lir		dual or	Joint/Group	p Filinç	g (Check A	pplicable
SAN	SAN											"	X	Form filed by One Reporting Person					
FRANC	SCO CA	A 9	4158									Form	filed by Mo	re thar	n One Rep	orting			
															Perso	on			
(City)	(St	ate) (2	Zip)																
		Table	I - Non	n-Deriva	tive S	ecur	ities Acq	uired	, Dis	posed of	f, o	r Ber	efici	ally (Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date				Execution Date,			3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (D 5)					4 and Secu Bene		cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) or (D) Pr		Price	- 1-	Transaction(s) (Instr. 3 and 4)				(111501. 4)	
Common	Stock			12/01/2	2021			F		4,338(1)		D	\$12.65 105,182					D	
		Tal					ies Acqu								wne	t			
			(e.g., pu	its, ca	.IIS, V	varrants,	optio	ns, c	onvertib	ole :	secu	rities)					
1. Title of Derivative Security 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year)		4. 5. Number of Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)			Amount of De Securities Se			Deriv Secu	Price of erivative security seturity security Securities Beneficiall Owned Following Reported Transactio (Instr. 4)		y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Date

Exercisable

(A) (D)

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.

Remarks:

/s/ Dorothy Pacini, Attorney-

Amount Number

Shares

in-Fact

Expiration Date

** Signature of Reporting Person Date

12/03/2021

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.