FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL										
OMB Number: 3235-0										
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

Name and Address of Reporting Person* RIGGS RORY B					2. Issuer Name and Ticker or Trading Symbol FIBROGEN INC [FGEN]							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
	(Fi ROGEN, IN	,	(Middle)			Date of 104/20		t Trans	saction (N	/Jonth	/Day/Year)			Officer (give title Other (speci below) below)				
(Street) SAN FRANCI	C	A :	94158		4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,		Transaction Dispose Code (Instr. 5)		Disposed	ties Acquired (A) or I Of (D) (Instr. 3, 4 au		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D) Price		Transacti	Transaction(s) (Instr. 3 and 4)			(111341.4)
Common Stock 06/04/2				/2020	2020			A		4,700(1	(1) A \$0		391,050		D			
Common Stock													605,713				See footnote ⁽²⁾	
	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	n Date,	4. Transactio Code (Inst 8)		on of		6. Date Exercis: Expiration Date (Month/Day/Yea		Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		f g Security nd 4)	8. Price of Derivative Security (Instr. 5)	9. Numbo derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$32.69	06/04/2020			A		7,800		(3)		06/03/2030	Common Stock	7,800	\$0.00	7,80	0	D	

Explanation of Responses:

- 1. Represents the grant of restricted stock units that vest on the earlier of June 4, 2021 or the date of the next annual meeting of stockholders, subject to the reporting person's continuous service on the
- 2. Shares are held by New Ventures I, LLC. The reporting person is Managing Member of New Ventures I, LLC and has voting and investment control with respect to the shares held by New Ventures I, LLC.
- 3. Options vest on the earlier of June 4, 2021 or the date of the next annual meeting of stockholders, subject to the reporting person's continuous service on the applicable vesting date.

Remarks:

/s/ Dorothy Pacini, Attorneyin-fact

06/08/2020

** 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.