FORM 5

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| _ | _ | - | | - | | _ | - | | | _ | | _ | |
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| | | | Wa | as | shir | igto | n, | D | C. | 2 | 054 | 9 | |

| ANNUAL STATEMENT OF CHANGES IN BENEFICIAL | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| OWNERSHIP | | | | | | | | | | |

| | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|--|--|--|--|--|--|--|--|--|
| | OMB Number: 3235-0362 | | | | | | | | | |
| l | Estimated average burden | | | | | | | | | |
| | hours per response: | | | | | | | | | |

Form 3 Holdings Reported

| _ | Transactions | | Filed | d pursuant to S | | | | | | | | ļ | | | | | | |
|--|-------------------|--|--|---|--|--|--------------|--|-----------------|--|--|---|---|---|---------------------|--|---|--|
| 1. Name and Address of Reporting Person* Wettig Thane | | | | 2. Issuer Name and Ticker or Trading Symbol FIBROGEN INC [FGEN] | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | | |
| (Last) | (Fii ROGEN, IN | NC. | Middle) | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2022 | | | | | | | | X Officer (give title Other (specify below) Chief Commercial Officer | | | | | | - |
| (Street) SAN FRANCISCO CA | | | 94158 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 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 | | Zip) • I - Non-Deriva | ative Secu | rities | s Acc | mire | d Dis | nosed | of o | r Bene | ficia | Ilv Own | ed | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Dat if any (Month/Day/Ye | е, | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) or Disp Of (D) (Instr. 3, 4 and 5) | | | | | nt of es ally | Form | Ownership | | 7. Nature of Indirect Beneficial Ownership | |
| | | | (Monthibay/Tear) | | | | Amount | | (A) or (D) | or Price | | Issuer's Fiscal Year (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock | | | 05/25/2022 | G 1,988 D \$ | | | \$0. | 00 | 87,175 | | | D | | | | | | |
| | | Та | ble II - Derivat (e.g., pı | ive Securi uts, calls, v | | | | | | | | | y Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security | | 3. Transaction Date (Month/Day/Year) | Execution Date, | | of Deriv Secu Acqu (A) o Disp of (D (Inst | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | te Exercisable and ration Date th/Day/Year) | | An Se Un De Se | Fitle and nount of curities derlying rivative curity (Ins nd 4) | str. | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4) | e s ally g | Owners Form: Direct (or Indir (I) (Inst | ship of Be (D) Ov rect (In | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | (A) | (D) | Date Exer | cisable | Expiration Date | n Tit | Numb of le Share | | | | | | | |

Explanation of Responses:

Remarks:

/s/ Cecelia Monoarfa-Taime,

02/02/2023

Attorney-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.