FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number: 3235-0104								
Estimated average burden								
hours per response:	0.5							

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

Routti Jorma		. Date of Event Requiring Stater Month/Day/Yea 1/13/2014	nent -	3. Issuer Name and Ticker or Trading Symbol FIBROGEN INC [FGEN]							
	Last) (First) (Middle) C/O FIBROGEN, INC. 109 ILLINOIS ST.				Relationship of Reporting Pe (Check all applicable) X Director Officer (give title		10% Owne	r (M	5. If Amendment, Date of Original Filed (Month/Day/Year) 11/13/2014		
(Street) SAN FRANCISCO (City)	CA (State)	94158 (Zip)			below)		below)	Ap	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)			2.	2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (I) or Indirect (I) (Instr. 5)		(D) (Instr. 5)					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr.			4. Conversio or Exercise Price of	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		
Series B Prefer	red Stock of F	ibrogen Europe Oy	(1)	(1)		Common Stock	39,840	(1)	D		

Explanation of Responses:

1. Each share of Fibrogen Europe Oy's Series B Preferred will be automatically exchanged into 0.664 of a share of common stock immediately prior to the closing of the issuer's initial public offering, and has no expiration date.

Remarks:

This form 3/A is being filed to add information that was omitted from the original form 3.

/s/ Dorothy Pacini, Attorneyin-fact 06/16/2015

** 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 5 (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.