FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | |
|---|----------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average bu | rden | | | | | | | |

0.5

hours per response:

| | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5 |
| J | obligations may continue. See |
| | Instruction 1(h) |

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* Cotroneo Pat | | | | | 2. Issuer Name and Ticker or Trading Symbol FIBROGEN INC [FGEN] | | | | | | | | | Check al ا ر | l applic Director | able) | g Person(s) to I | | |
|--|---|--|---|-----------------------------------|--|---|---------|--------------------------------------|--|--|--------------------------|---|------------------------|----------------------|--|---|---|---|--|
| (Last) (First) (Middle) C/O FIBROGEN, INC. 409 ILLINOIS ST. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/01/2016 | | | | | | | | | | | pelow) | | below ce and CFO | |
| (Street) SAN FRANCISCO CA 94158 (City) (State) (Zip) | | | | | 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 | | | | |
| | | Tabl | e I - Nor | า-Deriva | ative | Sec | curitie | s Ac | quired, | , Dis | posed o | f, or | r Ben | efici | ally O | wned | | | |
| Date | | | | Date Exe (Month/Day/Year) if a | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | and Secu Ben Owr | | s ally ollowing | 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 | , ті | Reported Transaction(s) (Instr. 3 and 4) | | | (1130.4) | |
| Common Stock 09/01/2 | | | | | | /2016 | | | F | F 1,410 ⁽ | | (1) D \$17 | | 7.33 136,704 | | ,704 | D | | |
| 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. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price Derivat Securit (Instr. 5 | ive de y Se b) Bo Fo Ro Tr | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code V (A | | (A) | (D) | Date Exercisa | | Expiration Date Title | | or Nur of | ount nber ıres | | | | | |

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-

09/02/2016

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.