FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIAL	_ OWNERSHIP

ı	OMB APPRO	VAL
l	OMB Number:	3235-0287
l	Estimated average burde	en
l	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* VALONE FRANK H MD				2. Issuer Name and Ticker or Trading Symbol FIBROGEN INC FGEN								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>VALU</u>	NE FRAN	NK H MD							<u> </u>						Directo	r		10% Ow	/ner	
			(A.C. I. II.)											X	Officer below)	(give title		Other (s below)	pecify	
(Last)	(⊢	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)										Chief Medical Officer					
C/O FIB	ROGEN, IN	NC.			11/13/2015									Chief Medical Officer						
409 ILLINOIS ST.																				
(Street)				— [4. If A	men	dmer	nt, Date	of Origina	l File	d (Month/Da	ay/Year)		6. Ind Line)	ividual or J	loint/Group	Filing	(Check App	olicable	
SAN														X	Form f	lad by Ona	Done	orting Persor	,	
	C.	A	94158											Λ		•		•		
FRANCISCO CA 34130													Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)																	
		Tab	le I - Non-	Deriva	ive S	Sec	uriti	ies Ac	quired	, Dis	posed c	f, or Be	nefi	cially	Owned					
1. Title of	Security (Inst	tr. 3)		2. Transac	action 2A. Deemed			3.			ties Acqui				nt of 6. O		Ownership 7	7. Nature		
		•		Date (Month/Da	u/Voor		Execution Date,					posed Of (D) (Instr. 3, 4			Securitie Beneficia	ally (D)		or Indirect	of Indirect Beneficial Ownership	
			- 1'	Month/Day/Year)			if any (Month/Day/Yea		Code (Instr. 5) ar) 8)		. 3)									
											+	(4)			Reported			[·	(Instr. 4)	
							Code	l۷	Amount	Amount (A) or (D)		rice	Transaction(s) (Instr. 3 and 4)							
Common Stock 11/13/				11/13/2	/2015		М		10,00	00 A S		\$2.9	94,044			D				
		-	Гable II - D	erivati	re Se	CIII	ritie	s Aca	uired	Disn	osed of	or Ben	efici	ally (owned			<u> </u>		
											converti				, viica					
1. Title of	2.	3. Transaction	3A. Deemed	4.		П	5. Nu	ımber	6. Date I	xerci	sable and	7. Title ar	nd Ame	ount	B. Price of	9. Number	r of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date	ate, Tra	nsaction		of		Expiration Date			of Securi	ties		Derivative	derivative	.	Ownership	of Indirect	
				de (Instr.		Derivative Securities Acquired		(Month/Day/Year)			Underlyii Derivativ		Security (Instr. 5)		Securities Beneficially		Form: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)		
Derivative \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \													(Instr. 3 and 4)		(1113111 0)	Owned Following			´	
Security					(A) or							l					(I) (Instr. 4)			
							Disposed of (D) (Instr.									Reported Transaction				
					3, 4 and 5)									(Instr. 4)						
													Amo	unt						
												l	or Num	hor						
									Date		Expiration	l	of	ibei						
				Co	de V	_	(A)	(D)	Exercisa	ble	Date	Title	Sha	res						
Stock																				
Option (Right to	\$2.9	11/13/2015		N				10,000	(1)		06/09/2020	Common Stock	10,	000	\$0.00	20,000		D		
Buy)												l block								

Explanation of Responses:

1. Fully vested.

Remarks:

/s/ Dorothy Pacini, Attorney-in-11/17/2015

<u>fact</u>

** 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.