FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL											
l	OMB Number:	3235-0287										
l	Estimated average burden											
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

1. Name and Address of Reporting Person* Yu K Peony						2. Issuer Name and Ticker or Trading Symbol FIBROGEN INC [FGEN]									Check all ap		ng Person(s) to I		
(Last) (First) (Middle) C/O FIBROGEN, INC. 409 ILLINOIS ST.					3. Date of Earliest Transaction (Month/Day/Year) 03/04/2019										X Onice (give title Other (specify below) below) Chief Medical Officer				
(Street) SAN FRANCISCO CA 94158 (City) (State) (Zip)					4. If	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				
		Tab	e I - No	n-Deriv	vative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Ben	efici	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date		n Date,	Transaction Code (Instr.						nd Secu Bene	ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
										v	Amount		A) or D)	Price	Trans	action(s) . 3 and 4)		(Instr. 4)	
Common Stock 03/04/2						2019			F		693(1)		D	\$58	.69 1	96,530	D		
Common Stock 03/06/2					5/2019				F		4,945	1)	D	\$55	.58 1	91,585	D		
		Ta									sed of, onvertib				y Owned	I			
1. Title of Derivative Security (Instr. 3)	2. Conversior or Exercise Price of Derivative Security		3A. Deem Execution if any (Month/Da	n Date,		Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Ye		7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		ount	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	Code V		(D)	Date Exercisa		Expiration Date	Title	Nur of Sha	nber res					

Explanation of Responses:

Remarks:

/s/ Dorothy Pacini, Attorneyin-fact

03/06/2019

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{1.} Represents shares withheld by the issuer to satisfy a tax obligation realized by the reporting person upon the vesting of restricted stock units.

 $^{^{\}star}$ 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).