FORM 4

UNITED STATES SEC

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

URITIES AND EXCHANGE COMMISSION

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden 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).

Check this box to indicate that a Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Puts (10th 10th Securities 41). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Rule 10	0b5-1(c). See Ir	nstruction 10.																		
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)						
110008	THUHE												1	Director			10% Ow			
(Last)	(F	First) (Middle)													ive title		Other (sp below)	ecify		
C/O FIBROGEN, INC.					3. Date of Earliest Transaction (Month/Day/Year)										C	EO				
350 BAY STREET, SUITE 100, #6009						01/09/2025														
(Street)				—																
SAN FRANCI	sco c	² A	94133	ľ	If Amendment, Date of Original Filed (Month/Day/Year)								Indivi	Form file	int/Group Filing (C ed by One Reporti ed by More than C		ing Person	1		
(City)	(5	State)	(Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					2A. Deemed Execution Date of any (Month/Day/Ye			e, Transaction Dispose Code (Instr.			ities Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Foll Reported		Form: y (D) or		Direct II Indirect E tr. 4) C	. Nature of ndirect eneficial whership nstr. 4)		
							Code	v	Amount	nt (A) or (D)			Transaction(s) (Instr. 3 and 4)			"	nsu. 4)			
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. Transa Code	4. Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount or Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amount of Number of Shares			(Instr. 4)					
Stock Option (Right to Buy)	\$0.6508	01/09/2025		A		1,300,000		(1)	0	1/08/2035	Common	1,300,0	00	\$0	1,300,	,000	D			

Explanation of Responses:

1. The option vests in equal amount quarterly over 4 years measured from 1/9/2025.

/s/ Michael Hom, Attorney-in-

Fact

01/10/2025

** 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.