## Edgar Filing: Yu K Peony - Form 4

V. V. Das

Form 4 September 06	5, 2018										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL	
UNITED STATES SECURITE					TES AND EXCHANGE COMMISSION ngton, D.C. 20549				OMB Number:	3235-0287	
Check this if no long subject to Section 16 Form 4 or	er <b>STATE</b> 5.							Expires:January 31 2005Estimated average burden hours per response0.5			
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							n				
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> Yu K Peony			2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
			FIBROGEN INC [FGEN]					(Check all applicable)			
(Last) C/O FIBROO ILLINOIS S	<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>09/06/2018</li></ul>					Director10% Owner XOfficer (give titleOther (specify below) below) Chief Medical Officer					
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
							y One Reporting Person Wore than One Reporting				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative \$	Securi	ties Acc	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Execution any		3. Transactic Code (Instr. 8) Code V	4. Securi on(A) or Di (D) (Instr. 3,	ties A ispose 4 and (A) or	cquired d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	•	
Common Stock	09/06/2018			F	2,368 (1)	D	\$ 57.3	150,907	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transacti Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Yu K Peony C/O FIBROGEN, INC. 409 ILLINOIS ST. SAN FRANCISCO, CA 94158			Chief Medical Officer				
Signatures							
/s/ Dorothy Pacini, Attorney-in-fact	0	9/06/2018					
**Signature of Reporting Person		Date					

## **Explanation of Responses:**

- \* 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).
- (1) Represents shares withheld by the issuer to satisfy a tax obligation realized by the reporting person upon the vesting of restricted stock units.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.