FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

AND EXCHANGE COMMISSION	OMB APPROVAL					
D.C. 20549	OMB Number:	3235-0287				
NI DENIETICIAL CIAMEDOLUB	Estimated average burd	len				
N BENEFICIAL OWNERSHIP	hours per response:	0.5				

	Check this box if no longer subject
٦	to Section 16. Form 4 or Form 5
╝	obligations may continue. See
	Instruction 1(b)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*     Heffernan Michael Thomas				Ake	2. Issuer Name and Ticker or Trading Symbol Akebia Therapeutics, Inc. [ AKBA ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner						
(Last)	`	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/06/2019								Officer (give title below)			Other (s below)	pecify	
C/O AKEBIA THERAPEUTICS, INC. 245 FIRST ST.					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	CIDGE M	Α (	)2142									X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(Si	tate) (	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/			y/Year)	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5)						Form: (D) or Indire		Nature f Indirect eneficial wnership nstr. 4)					
						Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	ion(s)		. 4)	IIIsti. 4)				
Common Stock 06/06/20		2019	)19			A		13,700	) A \$0.00		21,186			D					
			Tab								osed of, or onvertible			vned					
1. Title of Derivative Security (Instr. 3)	/e Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		Code (In	Fransaction Derivat		ties (Month/Day/Year) red (A) posed (Instr.			ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)				
Stock Option (Right to buy)	\$4.23	06/06/2019			A		20,100 <sup>(2)</sup>		06/06/2	020	06/06/2029	Common Stock	20,100	\$0.00	20,10	00	D		

## Explanation of Responses:

- 1. The restricted stock units were granted by the Issuer pursuant to its 2014 Incentive Plan, as amended, as provided by the Issuer's Amended and Restated Non-Employee Director Compensation Program (the "RSUs"). 100% of the RSUs will vest on the first anniversary of the grant date, subject to the Reporting Person's continued service to the Issuer.
- 2. Represents an option to purchase shares of the Issuer's common stock granted by the Issuer pursuant to its 2014 Incentive Plan, as amended, as provided by the Issuer's Amended and Restated Non-Employee Director Compensation Program (the "Stock Option"). 100% of the Stock Option will vest and become exercisable on the first anniversary of the grant date, subject to the Reporting Person's continued service to the Issuer.

## Remarks:

/s/ Nicole R. Hadas, attorneyin-fact for Michael T. 06/10/2019

<u>Heffernan</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.