FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|     | OMB APPROVAL      |          |  |  |  |  |  |  |  |  |  |  |
|-----|-------------------|----------|--|--|--|--|--|--|--|--|--|--|
|     | OMB Number:       | 3235-028 |  |  |  |  |  |  |  |  |  |  |
| - 1 | Estimated average | hurden   |  |  |  |  |  |  |  |  |  |  |

0.5

hours per response:

| Check this box if no longer subject t | C |
|---------------------------------------|---|
| Section 16. Form 4 or Form 5          |   |
| obligations may continue. See         |   |
| Instruction 1(h)                      |   |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

|   |  |  |  |   | or Se                           | ectio   | n 30(h) | of the I | nvestm   | ent C                                | om     | pany Act o                                | of 19  | 940                             |       |   |   |  |                         |   |                                       |  |
|---|--|--|--|---|---------------------------------|---|---------|----------|--|--------------------------------------|--------|---|--|---------------------------------|-------|---|---|--|-------------------------|---|---------------------------------------|--|
| Name and Address of Reporting Person*     Nash Duane          |  |  |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Akebia Therapeutics, Inc. [ AKBA ] |                                 |   |         |          |  |                                      |        |   |  |                                 | Check | all app   | ip of Reporting Person(s) to Issue<br>plicable)<br>ctor 10% Own |  |                         |   |                                       |  |
|   |  |  |  |   |                                 |   |         |          |  |                                      |        |   |  |                                 |       | X   | Direc   |  |                         |   |                                       |  |
| (Last) (First) (Middle)                                       |  |  |  |   |                                 | 3. Date of Earliest Transaction (Month/Day/Year) 07/03/2017 |         |          |  |                                      |        |   |  |                                 |       |   | Officer (give title below)                                      |  |                         | Other (specify below)   |                                       |  |
| C/O AKEBIA THERAPEUTICS, INC.                                 |  |  |  |   |                                 |   |         |          |  |                                      |        |   |  |                                 |       |   |   |  |                         |   |                                       |  |
| 245 FIRST STREET  |  |  |  |   | 4. If A                         | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |         |          |  |                                      |        |   |  |                                 |       | 6. Individual or Joint/Group Filing (Check Applicable Line)               |   |  |                         |   |                                       |  |
| (Street)  |  |  |  |   |                                 |   |         |          |  |                                      |        |   |  |                                 | ٦١٦   | X   | -/  |  |                         |   |                                       |  |
| CAMBR   | IDGE M   | (A   | )2142  |   |                                 |   |         |          |  |                                      |        |   |  |                                 |       |   |   |  |                         |   |                                       |  |
| CAMBRIDGE WA 02142  |  |  |  |   |                                 |   |         |          |  |                                      |        |   |  |                                 |       | Pers  | n filed by Mor<br>on  | re tnar  | 1 One Rep               | orting  |                                       |  |
| (City)  | (S   | tate) (                                    | Zip)   |   |                                 |   |         |          |  |                                      |        |   |  |                                 |       |   |   |  |                         |   |                                       |  |
|   | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |  |   |                                 |   |         |          |  |                                      |        |   |  |                                 |       |   |   |  |                         |   |                                       |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |  |  |  |   | Execution Da                    |   |         | n Date,  | Cod  | Transaction Disposed Code (Instr. 5) |        | ities Acquired (A)<br>d Of (D) (Instr. 3, |  |                                 | nd    | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported |   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  |                         | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)   |                                       |  |
|   |  |  |  |   |                                 |   | Cod     | e V      |  | Amount                               |        | (A) or<br>(D)                             | Price  | Transaction(s) (Instr. 3 and 4) |       | action(s)<br>3 and 4)   |   |  | , ,                     |   |                                       |  |
| Common Stock 07/03/   |  |  |  |   |                                 | /2017   |         | S        |  |                                      | 990(1) |   | ) <b>D</b>   |                                 | 1.27  | 23,687  |   |  | D                       |   |                                       |  |
|   |  | Та   | ıble II - I                                  |   |                                 |   |         |          |  |                                      |        | sed of, one                               |  |                                 |       |   | vned  |  |                         |   |                                       |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security            | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deem<br>Execution<br>if any<br>(Month/Da | Date,   | 4.<br>Transac<br>Code (In<br>8) |   | of      |          | 6. Date Exercis<br>Expiration Date<br>(Month/Day/Yea |                                      |        |   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instrand 4) |                                 | ;     | Deri<br>Secu  | rice of<br>ivative<br>urity<br>tr. 5)                           | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(<br>(Instr. 4) | O<br>F<br>D<br>O<br>(I) | 0.<br>Dwnership<br>orm:<br>Direct (D)<br>r Indirect<br>) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |  |  |  |   | Codo                            | ,   | (4)     |          | Date   | e dicable                            |        | xpiration                                 | or   |                                 | ımber |   |   |  |                         |   |                                       |  |

## **Explanation of Responses:**

1. Shares sold by reporting person pursuant to a 10b5-1 plan to pay taxes in connection with the vesting of restricted stock pursuant to the December 23, 2013 award.

## Remarks:

Nicole R. Hadas, Attorney-in-Fact for Duane Nash

07/06/2017

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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).

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.