FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

| OMB APPROVAL             |           |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number:              | 3235-0104 |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |
| hours per response       | e: 0.5    |  |  |  |  |  |  |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Tubridy Karen L   | Date of Event equiring Statement Month/Day/Year)               |                | 3. Issuer Name and Ticker or Trading Symbol Akebia Therapeutics, Inc. [ AKBA ]                   |  |                                    |  |   |  |  |  |
|---|--|----------------|--|--|------------------------------------|--|---|--|--|--|
| (Last) (First) (Middle) C/O AKEBIA THERAPEUTICS, INC.   |  |                | <ol> <li>Relationship of Reporting Person<br/>Check all applicable)</li> <li>Director</li> </ol> | 10% Owne                               | er (Mo                             | 5. If Amendment, Date of Original Filed (Month/Day/Year)   |   |  |  |  |
| 245 FIRST STREET  |  |                | X Officer (give title below)  SVP, Chief Developm  | Other (specify below) nent Officer     |                                    | 6. Individual or Joint/Group Filing (Check<br>Applicable Line)<br>X Form filed by One Reporting Person |   |  |  |  |
| (Street) CAMBRIDGE MA 02142   |  |                |  |  |                                    | Form filed b<br>Reporting P  | y More than One<br>erson                                    |  |  |  |
| (City) (State) (Zip)  |  |                |  |  |                                    |  |   |  |  |  |
| Table I - Non-Derivative Securities Beneficially Owned  |  |                |  |  |                                    |  |   |  |  |  |
| 1. Title of Security (Instr. 4)   |  |                | Amount of Securities<br>eneficially Owned (Instr. 4)   |  |                                    | 4. Nature of Indirect Beneficial Ownership (Instr. 5)  |   |  |  |  |
| Table II - Derivative Securities Beneficially Owned<br>(e.g., puts, calls, warrants, options, convertible securities) |  |                |  |  |                                    |  |   |  |  |  |
| 1. Title of Derivative Security (Instr. 4)  | 2. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                | 3. Title and Amount of Securities<br>Underlying Derivative Security (Inst                        |  | 4.<br>Conversion<br>or Exercise    | 5.<br>Ownership<br>Form:   | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |  |  |  |
|   | Date Ex<br>Exercisable Da                                      | piration<br>te | Title  | Amount<br>or<br>Number<br>of<br>Shares | Price of<br>Derivative<br>Security | Direct (D)<br>or Indirect<br>(I) (Instr. 5)  |   |  |  |  |

**Explanation of Responses:** 

## Remarks:

Exhibit List Exhibit 24 - Limited Power of Attorney POWER OF ATTORNEY

No securities are beneficially owned.

Nicole R. Hadas, Attorney-in-Fact for Tubridy Karen

11/23/2016

\*\* 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 5 (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.