FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFI	CIAL OWNE	RSHIP

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

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

1. Name and Address of Reporting Person * Satter Muneer A					2. Issuer Name and Ticker or Trading Symbol Akebia Therapeutics, Inc. [AKBA]									ck all app	hip of Reporting Per pplicable) ector		erson(s) to Issuer		
(Last) (First) (Middle) C/O AKEBIA THERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 11/13/2014									Offic belov	er (give title w)	tle Other below)		(specify)
245 FIRST STREET, SUITE 1100 (Street) CAMBRIDGE MA 02142 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ind Line)						
(Oity)		,		on-Deriv	ative	Sec	uritie	s Ac	auirea	l Di	snosed o	f or B	enefic	ılleir	Owne	-d			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				ion	on 2A. Deemed Execution Date,					s Acquired (A) or f (D) (Instr. 3, 4 and			5. Amount of		Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				· · · /	
Common Stock 11/13/20					014		P		5,000	A	\$11.	56 ⁽¹⁾	1,542,560			T I	See Footnote ⁽²⁾		
	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)	Execution Date, if any			Transaction Code (Instr.				Exerc tion Day/\		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$11.25 to \$12.21, inclusive. The reporting person undertakes to provide Akebia Therapeutics, Inc., any security holder of Akebia Therapeutics, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price range set forth in this footnote (1) to this Form 4.
- 2. The amount in Column 5 includes (a) 545,340 shares that are held by the Muneer A. Satter Revocable Trust for which the Reporting Person serves as trustee and, in such capacity, has sole voting and dispositive power over all such shares and (b) 997,220 shares that are held by various other trusts and other entities for which the Reporting Person serves as trustee, investment advisor or manager and, in such capacity, has sole voting and dispositive power over all such shares. The Reporting Person disclaims beneficial ownership of all shares included in clause (b) of this footnote (2), except to the extent of his pecuniary interest.

Remarks:

Robert M. Hayward, P.C.,

Attorney-in-Fact for Muneer 11/14/2014

A. Satter

** 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.