FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

1	OIVID APPROVAL										
	OMB Number:	3235-0287									
	Estimated average burd	en									

hours per response:

0.5

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* <u>Dahan Michel</u>					2. Issuer Name and Ticker or Trading Symbol Akebia Therapeutics, Inc. [AKBA]									lationship of ck all applica Director Officer (able)	g Perso	on(s) to Issu 10% Ov Other (s	ner	
	,	irst) RAPEUTICS, IN Γ	(Middle) CS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 02/28/2020								below)		perati	below) ng Officer	·
(Street) CAMBRIDGE MA 02142 (City) (State) (Zip)			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc Line)	,						
(Oily)	(0		ble I - Nor	n-Dei	rivativ	ve Se	curities	s Ac	guired, E	Disi	osed o	f, or B	enef	icially	Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.			nsactio	2A. Deemed Execution Date,		3. Transaction Code (Instr. 3, 4			A) or	5. Amoun Securities Beneficia Owned Fo	s Form lly (D) o ollowing (I) (I		rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount	Amount (A) or (D)		Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)		
Common Stock 02/28/				28/20	2020		A		65,000)(1)	A	\$0.00	211,932			D			
Common Stock 02/28/				28/20	/2020		S		6,972 ⁽²⁾ D		\$8.7	204,960			D				
	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)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea		of Sec r) Underl Deriva		Title and Amount f Securities nderlying erivative Security nstr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisable		xpiration ate	Title	or Nu	nount mber Shares	er (Instr		on(s)		
Stock Option (Right to buy)	\$8.87	02/28/2020		A			120,000		(3)	0	2/28/2030	Commo	1 12	0,000 \$0.00 120,		120,00	00	D	

Explanation of Responses:

- 1. The restricted stock units were granted by the Issuer pursuant to its 2014 Incentive Plan, as amended. One third of the restricted stock units will vest on each of the first, second and third anniversaries of the grant date.
- 2. This sale was made to cover tax withholding obligations in connection with the vesting and settlement of one-third of the reporting person's restricted stock units granted on February 28, 2019.
- 3. The options were granted by the Issuer pursuant to its 2014 Incentive Plan, as amended. The options will vest over four years: 25% of the options will vest on the first anniversary of the grant date with the remaining 75% vesting in equal quarterly installments thereafter.

Remarks:

/s/ Nicole R. Hadas, attorney-in-

** 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.