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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-02

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

						ction 30(n) of the												
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol Akebia Therapeutics, Inc. [AKBA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Burke Steven Keith</u>					ANDA J								Director		10	% Owr	her	
												x	Officer (below)	give title		ner (sp	ecify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)										ow)		
C/O AKEBIA THERAPEUTICS, INC					05/12/2022								SVP, Chief Medical Officer					
245 FIRST STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
					4. If Amendment, Date of Original Filed (Month/Day/fear)								Line)					
(Street)													X Form filed by One Reporting Person					
CAMBR	CIDGE I	ИА	02142									Form filed by More than One Reporting Person				ng		
(City)	(State)	(Zip)															
		Та	able I - No	n-Deriva	ative S	ecurities Ac	quired	, Dis	posed of	i, or I	Bene	ficially	Owned					
Date				2. Transac Date (Month/Da		2A. Deemed Execution Date if any (Month/Day/Yea	Code (Instr.		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4				Securities Beneficia Owned Fo	5. Amount of Securities Beneficially Owned Following		t In ct B	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	Amount	(/ (I	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)							
Common Stock 05/12					/2022		A		200,000 ⁽¹⁾		Α	\$0.00	417	,663	D			
			Table II -			curities Acq IIs, warrants	· ·		,			-	wned		*			
	2.	3. Transaction	3A. Deemed	4.		5. Number of	6. Date Exercisable and Expiration Date (Month/Day/Year) Derivative Sec			8. Price of	9. Numbe	er of 10.		11. Natur				

Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	bay/Year) Execution Date, if any Code (Instr. (Month/Day/Year) 8) Code (Instr. 8) Code (Instr. 3, 4 and C) (D) (In C) (In		s I (A) sed str.	Expiration Dat (Month/Day/Ye		of Securiti Underlyin Derivative (Instr. 3 ar	g Security	Derivative Security (Instr. 5)	Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Stock Option (Right to buy)	\$0.41	05/12/2022		A		200,000		05/12/2023 ⁽²⁾	05/12/2032	Common Stock	200,000	\$0.00	200,000	D	

Explanation of Responses:

1. The restricted stock units were granted by the Issuer pursuant to its 2014 Incentive Plan, as amended. The restricted stock units will vest in full on the first anniversary of the grant date, subject to the reporting person's continued service with the Issuer on such vesting date.

2. The options were granted by the Issuer pursuant to its 2014 Incentive Plan, as amended. The options will vest in full on the first anniversary of the grant date, subject to the reporting person's continued service with the Issuer on such vesting date.

Remarks:

/s/ Carolyn Rucci, attorney-infact for Steven K. Burke 0

05/16/2022

** 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.

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