FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

1	OIVID APPROVAL											
	OMB Number:	3235-0287										
- 1												
1	Estimated average bi	uraen										

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

Name and Address of Reporting Person*     Butler John P.				2. Issuer Name <b>and</b> Ticker or Trading Symbol  Akebia Therapeutics, Inc. [ AKBA ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Dutter .	JUIII F.								,			•		X	Director			10% Ov	/ner
(Last)	(1	First)	(Middle)		3.	Date o	of Earliest	Transa	action (Mo	nth/E	ay/Year)			X	Officer ( below)	give title		Other (s below)	pecify
C/O AKEBIA THERAPEUTICS, INC.					02	02/21/2017							CEO and President						
245 FIRS	ST STREE	T			L														
					— <b> </b> 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) CAMBR	IDGE N	ΛA	02142											X	Form fil	ed by One	Repor	rting Persor	ı
CAMBRIDGE WAY 02142				_									Form filed by More than One Reporting Person				ting		
(City)	(:	State)	(Zip)												. 0.00				
		Та	ble I - Nor	n-Der	ivativ	ve Se	ecurities	s Acc	quired,	Dis	posed c	f, or Be	enefi	cially	Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,		3. Transaction Code (Instr. ) 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)		and 5) Securitie Beneficia		es For ally (D) Following (I) (		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership						
							Code	v	Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock 02/21/				21/20	1/2017		A		119,500 <sup>(1)</sup> A \$		\$0.00	317,780			D				
			Table II -												wned				
				(e.g.,	puts	, cal	ls, warr	ants,	, option	ıs, c	onverti	ble sec	uritie	es)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Conversion Date or Exercise (Month/Day/Year) Price of Derivative		3A. Deemed Execution Date, if any (Month/Day/Year)		ction Instr.			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisab		expiration Date	Title	or Nun	ount nber hares	ınt (Instr. per		oii(s)		
Stock Option (Right to	\$0.00	02/21/2017			A		190,000		(2)	0	2/21/2027	Common Stock	190	0,000	\$10.14	190,00	00	D	

## **Explanation of Responses:**

- 1. The restricted stock units were granted by the Issuer pursuant to its 2014 Incentive Plan. One hundred percent of the restricted stock units will vest on the third anniversary of the Grant Date.
- 2. 25% of the shares underlying this option will vest on the first anniversary of the grant date with the remaining 75% vesting in equal quarterly installments thereafter.

## Remarks:

Nicole R. Hadas, attorney-in-02/23/2017 fact for John P. Butler

\*\* 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.