FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden 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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

Instruc	tion 10.																		
1. Name and Address of Reporting Person* FRIESON RON				2. Issuer Name and Ticker or Trading Symbol Akebia Therapeutics, Inc. [AKBA]								Relationship of Reporting Person(s) to Issuer (Check all applicable)							
TRIES	<u>OIV KOIV</u>							•			-	_			Director	r		10% Ov	vner
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year)								1		Officer (give title below)		Other (s below)	specify	
C/O AKEBIA THERAPEUTICS, INC.					01/17/2025														
245 FIRST STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable							
(Ct===t)														Line			_		
(Street) CAMBR	IDGE M	ГА	02142											V	_	•		orting Perso	
CAMBR	IDGE M	IA	02142												Form fi Person		e thar	One Repor	ting
,															. 0.00.				
(City)	(S	tate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			2. Transac	2A. Deemed Execution Date,							ies Acquired (A) or		5. Amou				7. Nature		
				n/Day/Year) if any			Cod	Code (Instr. 5)		d Of (D) (Instr. 3, 4		4 and	Securitie Beneficia	ally (D) o	(D) o	or Indirect	of Indirect Beneficial		
						(Month/Day/Year		r) 8)				Owned F Reported					Ownership (Instr. 4)		
									Cod	v	Amount	(A) (D)	or F	rice	Transact (Instr. 3	ion(s)			(
Common Stock 01/1			01/17/2	7/2025				М		20,10	20,100 A		\$0.45	93,800			D		
		-	Гable II - D												Owned				
			(€	e.g., pu	ts, c	alls,	, wa	irrants	, optic	ns,	converti	ble sec	uriti	es)					
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution Da if any (Month/Day/\)	Pate, Transaction Code (Instr.		ion str.	n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
													Am	ount					
													Nu	mber					
				Co	de V	,	(A)	(D)	Date Exercis		Expiration Date	Title	of Sha	ares					
Stock Option	00.45	01/17/2025		1.	_	\neg		20.100	06/00/0	,,,	06/00/2022	Common	20	100	6 0.00	0.00		D	
(Right to buy)	\$0.45	01/17/2025		N	1			20,100	06/08/2	023	06/08/2032	Stock	20	,100	\$0.00	0.00		D	

Explanation of Responses:

Remarks:

/s/ Carolyn Rucci, attorney-infact for Ronald E. Frieson

01/22/2025 Date

ectly.

** Signature of Reporting Person

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

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.

 $^{^{\}star}$ 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).