Smith Cynthia

August 29, 2018

Form 3

FORM 3 UNITED STATES			TES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549			AISSION	OMB APPROVAL					
							OMB Number:	3235-0104				
INITIAL STATEMEN				NT OF BENEFICIAL OWNERSHIP OF			P OF	Expires:	January 31			
		on 17(a) of 1	SH to Section 16(a) the Public Utility 9(h) of the Inves	y Holding Co	mpany A	Act of 1935		Estimated burden he response	•			
(Print or Type I	Responses)											
1. Name and Address of Reporting Person <u>*</u> Smith Cynthia			2. Date of Event R Statement (Month/Day/Year)	Aket	^g 3. Issuer Name and Ticker or Trading Symbol Akebia Therapeutics, Inc. [AKBA]							
(Last)	(First)	(Middle)	08/28/2018		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)				
C/O AKEB INC, 245					(Check al	ll applicable)						
	(Street)				Director Officer itle below)	10% O Other (specify below	W) _X_	dividual or Jo ng(Check Appli Form filed by 0	icable Line)			
CAMBRID	GE, MAA	02142						on Form filed by N orting Person	Iore than One			
(City)	(State)	(Zip)	Tal	ble I - Non-D	erivativ	e Securitie	s Benefic	eneficially Owned				
1.Title of Secu (Instr. 4)	ırity		Ben	Amount of Secur reficially Owned tr. 4)	C F I c (Ownership	4. Nature o Ownership (Instr. 5)	f Indirect Ber	ıeficial			
Reminder: Rep owned directly			ch class of securitie	s beneficially	SEC	C 1473 (7-02)						
	inforr requi	nation conta red to respo	oond to the collec ined in this form nd unless the for IB control numb	are not m displays a								
,	Fable II - De	rivative Secur	ities Beneficially C	Owned (e.g., put	s, calls, w	arrants, opti	ons, convei	rtible securit	ies)			
1. Title of Der (Instr. 4)	ivative Secur	Expir	te Exercisable and ation Date _{Day/Year)}	3. Title and An Securities Und Derivative Sec	erlying	4. Conversion or Exercise		ship Benefi	ure of Indirect icial Ownership 5)			

(Instr. 4)

Expiration Title

Date

Exercisable Date

Price of

Security

Amount or

Number of

Shares

Derivative

Derivative Security:

Direct (D)

or Indirect

(I)

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
FB	Director	10% Owner	Officer	Other		
Smith Cynthia C/O AKEBIA THERAPEUTICS, INC 245 FIRST STREET CAMBRIDGE, MA 02142	Â	Â	Â	Â		
Signatures						
John P. Butler, Attorney-in-Fact for Cyr Smith	thia 08/29/2018					
**Signature of Reporting Person	Date					
Explanation of Respor	ises:					
C/O AKEBIA THERAPEUTICS, INC 245 FIRST STREET CAMBRIDGE, MA 02142 Signatures John P. Butler, Attorney-in-Fact for Cyr Smith **Signature of Reporting Person	nthia	08/29 E	9/2018	Â		

No securities are beneficially owned

* If the form is filed by more than one reporting person, *see* Instruction 5(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).

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Remarks:

Exhibit List - Exhibit 24 - Limited Power of Attorney.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.