Edgar Filing: CYTOKINETICS INC - Form 4

| CYTOKINE Form 4 | ETICS INC | | | | | | | |
|--|---|--|--|--|--|-----------------|---|--|
| May 30, 200 |)6 | | | | | | | |
| FORM | 14 | | | AND EXCHANGE | | OMB A | PPROVAL | |
| | OMB Number: | 3235-0287 | | | | | | |
| Washington, D.C. 20549Number:Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESExpires:Expires:Statement of Section 16. Form 4 or Form 5 | | | | | | | | |
| (Print or Type | Responses) | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> DOW STEPHEN M | | | mbol | d Ticker or Trading | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | (First) (N ROSEN FUND AD, SUITE 1670 | (N | Date of Earliest T Ionth/Day/Year) 5/25/2006 | ransaction | X_ DirectorX_ 10% Owner Officer (give titleOther (specify below) below) | | | |
| File | | | If Amendment, D led(Month/Day/Yea | - | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| DALLAS, ' | TX 75240 | | | | Person | ore than one ra | sporting | |
| (City) | (State) | (Zip) | Table I - Non-l | Derivative Securities A | cquired, Disposed of | or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Dat any (Month/Day/Y | Code | 4. Securities mAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price | SecuritiesFeBeneficially(IOwned(I | D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Reminder: Rej | port on a separate line | e for each class | | ficially owned directly o | or indirectly. | ion of S | SEC 1474 | |
| | | | | information cont required to respo | ained in this form a ond unless the forn ntly valid OMB cont | are not n | (9-02) | |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number | 6. Date Exercisable and | 7. Title and Amount of | 8. |
|-------------|-------------|---------------------|--------------------|------------|-----------------|-------------------------|------------------------|----|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | onof Derivative | Expiration Date | Underlying Securities | D |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) | S |

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| (Instr. 3) | Price of Derivative Security | | (Month/Day/Year) | (Instr. | 8) | Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | | |
|--------------------------------------|------------------------------------|------------|------------------|---------|----|---|-----|---------------------|--------------------|-----------------|--|
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Option (Right To Buy) | \$ 7.29 | 05/25/2006 | | А | | 7,500 | | 05/25/2006 | 05/25/2016 | Common Stock | 7,500 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| DOW STEPHEN M C/O SEVIN ROSEN FUNDS 13455 NOEL ROAD, SUITE 1670 DALLAS, TX 75240 | Х | Х | | | | | |
| Signatures | | | | | | | |
| John V. Jaggers, As Attorney-In-Fact | 05/30/2006 | | | | | | |
| **Signature of Reporting Person | | Date | | | | | |
| | | | | | | | |

Explanation of Responses:

* 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. 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.

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