

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* <u>Venrock Healthcare Capital Partners II, L.P.</u> <hr/> (Last) (First) (Middle) C/O VENROCK 3340 HILLVIEW AVENUE <hr/> (Street) PALO ALTO CA 94304 <hr/> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Tricida, Inc. [TCDA]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 08/30/2022	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	08/30/2022		P		50,000 ⁽¹⁾	A	\$12.2 ⁽²⁾	7,607,951	I	By Funds ⁽³⁾

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V		Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person*
Venrock Healthcare Capital Partners II, L.P.

 (Last) (First) (Middle)
 C/O VENROCK
 3340 HILLVIEW AVENUE

 (Street)
 PALO ALTO CA 94304

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
VHCP Co-Investment Holdings II, LLC

 (Last) (First) (Middle)
 C/O VENROCK
 3340 HILLVIEW AVENUE

 (Street)
 PALO ALTO CA 94304

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
VHCP Management II, LLC

 (Last) (First) (Middle)

C/O VENROCK
3340 HILLVIEW AVENUE

(Street)
PALO ALTO CA 94304

(City) (State) (Zip)

1. Name and Address of Reporting Person*

[Venrock Healthcare Capital Partners III, L.P.](#)

(Last) (First) (Middle)

C/O VENROCK
3340 HILLVIEW AVENUE

(Street)
PALO ALTO CA 94304

(City) (State) (Zip)

1. Name and Address of Reporting Person*

[VHCP Co-Investment Holdings III, LLC](#)

(Last) (First) (Middle)

C/O VENROCK
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(City) (State) (Zip)

1. Name and Address of Reporting Person*

[VHCP Management III, LLC](#)

(Last) (First) (Middle)

C/O VENROCK
3340 HILLVIEW AVENUE

(Street)
PALO ALTO CA 94304

(City) (State) (Zip)

1. Name and Address of Reporting Person*

[Venrock Healthcare Capital Partners EG, L.P.](#)

(Last) (First) (Middle)

C/O VENROCK
3340 HILLVIEW AVENUE

(Street)
PALO ALTO CA 94304

(City) (State) (Zip)

1. Name and Address of Reporting Person*

[VHCP Management EG, LLC](#)

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(City) (State) (Zip)

1. Name and Address of Reporting Person*

[Koh Bong Y](#)

(Last) (First) (Middle)

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(Street)
PALO ALTO CA 94304

(City) (State) (Zip)

1. Name and Address of Reporting Person *

Shah Nimish P

(Last) (First) (Middle)

C/O VENROCK
3340 HILLVIEW AVENUE

(Street)
PALO ALTO CA 94304

(City) (State) (Zip)

Explanation of Responses:

1. Consists of (i) 13,145 shares purchased by Venrock Healthcare Capital Partners III, L.P. ("VHCP III"), (ii) 1,315 shares purchased by VHCP Co- Investment Holdings III, LLC ("VHCP Co-3") and (iii) 35,540 shares purchased by Venrock Healthcare Capital Partners EG, L.P. ("VHCP EG").

2. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$12.20 to \$12.23, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in this footnote.

3. VHCP Management II, LLC ("VHCPM II") is the general partner of Venrock Healthcare Capital Partners II, L.P. ("VHCP II") and the manager of VHCP Co-Investment Holdings II, LLC ("VHCP Co-2"). VHCP Management III, LLC ("VHCPM III") is the general partner of VHCP III and the manager of VHCP Co-3. VHCP Management EG, LLC ("VHCPM EG") is the general partner of VHCP EG. Messrs. Shah and Koh are the voting members of VHCPM II, VHCPM III and VHCPM EG. Each of VHCPM II, VHCPM III, VHCPM EG, Shah and Koh expressly disclaims beneficial ownership over all shares held by VHCP II, VHCP Co-2, VHCP III, VHCP Co-3 and VHCP EG except to the extent of its or his indirect pecuniary interest therein.

Remarks:

<u>/s/ David L. Stepp, Authorized</u> <u>Signatory</u>	<u>09/01/2022</u>
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<u>David L. Stepp, Authorized</u> <u>Signatory</u>	<u>09/01/2022</u>
<u>David L. Stepp, Attorney-in-</u> <u>fact</u>	<u>09/01/2022</u>
<u>David L. Stepp, Attorney-in-</u> <u>fact</u>	<u>09/01/2022</u>

** 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.