

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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>Vifor (International) Ltd</u> <hr/> (Last) (First) (Middle) <u>RECHENSTRASSE 37</u> <hr/> (Street) <u>CH-9014 ST. V8</u> <u>GALLEN</u> <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>10/23/2018</u>	3. Issuer Name and Ticker or Trading Symbol <u>ChemoCentryx, Inc. [CCXI]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, \$0.001 par value per share	10,676,825	I	See Notes ⁽¹⁾⁽²⁾⁽³⁾

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				

1. Name and Address of Reporting Person*
Vifor (International) Ltd

 (Last) (First) (Middle)
RECHENSTRASSE 37

 (Street)
CH-9014 ST. V8
GALLEN

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Vifor Pharma Ltd.

 (Last) (First) (Middle)
RECHENSTRASSE 37

 (Street)
CH-9014 ST. V8
GALLEN

 (City) (State) (Zip)

1. Name and Address of Reporting Person*		
Vifor Fresenius Medical Care Renal Pharma Ltd.		
(Last)	(First)	(Middle)
RECHENSTRASSE 37		
(Street)		
CH-9014 ST. GALLEN	V8	
(City)	(State)	(Zip)

Explanation of Responses:

- In addition to Vifor (International) Ltd., an entity formed under the laws of Switzerland ("Vifor"), and Vifor Fresenius Medical Care Renal Pharma Ltd., an entity formed under the laws of Switzerland ("VFMCRP"), this Form 3 is being filed by Vifor Pharma Ltd., an entity formed under the laws of Switzerland ("Vifor Pharma" and together with Vifor and VFMCRP, the "Reporting Persons"). The business addresses for each of the Reporting Persons are listed above. Each of the Reporting Persons may be deemed to have a pecuniary interest in securities reported by it on this Form 3 (the "Subject Securities").
- Beneficial ownership of the common stock referred to herein is being reported solely because (i) Vifor Pharma may be deemed to beneficially own 7,343,492 shares of Common Stock of ChemoCentryx, Inc. as a result of Vifor Pharma's indirect ownership of 100% of the equity interests of Vifor, and (ii) Vifor Pharma may be deemed to beneficially own 3,333,333 shares of Common Stock of ChemoCentryx, Inc. as a result of Vifor Pharma's indirect ownership of 55% of the equity interests of VFMCRP.
- Each of the Reporting Persons disclaims any beneficial ownership of any of the Subject Securities, except to the extent of any pecuniary interest therein.

Remarks:

[VIFOR \(INTERNATIONAL\) LTD., /s/ Oliver Kronenberg, Title: Group General Counsel](#) [11/02/2018](#)

[VIFOR PHARMA LTD., /s/ Oliver Kronenberg, Title: Group General Counsel](#) [11/02/2018](#)

[VIFOR FRESENIUS MEDICAL CARE RENAL PHARMA LTD., /s/ Oliver Kronenberg Title: Group General Counsel](#) [11/02/2018](#)

** 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 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).

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.