Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

## **OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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*  Kamphuis Folkert W.						2. Issuer Name <b>and</b> Ticker or Trading Symbol  Jaguar Health, Inc. [ JAGX ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)			
ramphuis i oikert vv.														X Directo	or	10% O	vner
(Last) (First) (Middle) C/O JAGUAR HEALTH, INC.					3. Date of Earliest Transaction (Month/Day/Year) 03/12/2018									Officer below)	(give title	Other ( below)	specify
201 MISSION STREET, SUITE 2375																	
(Street) SAN FRANCISCO CA		A	94105		4. If	Ame	ndment, [	Date	of Original Fi	led (N	Month/Da	ay/Year)	Line	e) <mark>X</mark> Form f	iled by One Ri iled by More tl	ling (Check Ap eporting Perso han One Repo	n
(City)	(S	tate)	(Zip)														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						ar) E	2A. Deeme Execution f any Month/Da	Date	Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 an		Beneficia Owned F	Form (D) o ollowing (I) (In	orm: Direct	7. Nature of Indirect Beneficial Ownership	
								Code	,	Amount	int (A) or (D)		Reported Transact (Instr. 3 a	ion(s)		(Instr. 4)	
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 Da if any (Month/Day/\)	Co	Transactio Code (Inst				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)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	ode	v	(A)	(D)	Date Exercisable		piration te	Title	Amount or Number of Shares				
Stock Option (right to	\$8.4	03/12/2018 <sup>(3)</sup>		I	A		53,164		(4)	08/	/02/2027	Common Stock	53,164	\$0	53,164	D	

## **Explanation of Responses:**

- 1. Granted pursuant to the Issuer's 2014 Equity Incentive Plan
- 2. All share numbers and the exercise price reflect the 1-for-15 reverse stock split effected on June 1, 2018.
- 3. The option grant was approved by the Issuer's board of directors on August 2, 2017, subject to shareholder approval of the amendment to the 2014 Stock Incentive Plan. The Issuer's shareholders approved the amendment on March 12, 2018.
- 4. Vests in equal monthly installments, beginning August 2, 2017, such that it is vested in full on the 3-year anniversary of the grant date.

. Conte, Attorney-in-/s/ Lisa A 06/06/2018 Fact

\*\* 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.