## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549
Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-03								
Estimated average burden								
hours per response:	0.5							

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

Check this box to indicate that a Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	uon io.																
1. Name and Address of Reporting Person* MICEK JOHN					2. Issuer Name and Ticker or Trading Symbol  Jaguar Health, Inc. [ JAGX ]						(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
												_   '				· I	
(Last) (First) (Middle)					Date of Earliest Transaction (Month/Day/Year)						$\dashv$	Officer below)	(give title	Other ( below)			
C/O JAGUAR HEALTH, INC.				10	0/08/2	024											
200 PINE STREET, SUITE 400																	
200 I INE STREET, SUITE 400					If Amendment, Date of Original Filed (Month/Day/Year)							6.1	6. Individual or Joint/Group Filing (Check Applicable				
(Street)					The infinite interest of the control							Line)					
SAN													Form filed by One Reporting Person				
FRANCI	ISCO C.	A	94104												than One Repo	orting	
													Persor	1			
(C:t-1)	(0	t-t-\	(7:-)														
(City)	(5	tate)	(Zip)														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of S	Security (Inst	tr. 3)		Transaction							5. Amou Securitie	nt of 6	6. Ownership Form: Direct	7. Nature of Indirect			
Date (Month/Da			te onth/Day/Y				Code (Instr.   5)			tr. 3, 4 and	Beneficia	ally (D)d	D) or Indirect	Beneficial			
				(Month/Day/Year		ır) 8)					Owned F Reported	following (I) (II	I) (Instr. 4)	Ownership (Instr. 4)			
							Code	v	Amount	(A) or	Price	Transact	ion(s)		(		
	(D) (Instr. 3 and 4)																
			Γable II - Dei										Owned				
			(e.ç	J., puts	, call	s, warr	ants	, option	s, c	onvertil	ole secu	rities)					
				5. Number of Expiration Date of Securities  Code (Instr. Derivative (Month/Day/Year)  5. Number of Securities of Securities Underlying						8. Price of	9. Number o		11. Nature				
										Derivative Security	derivative Securities	Ownership Form:	of Indirect Beneficial				
(Instr. 3)					Securities Derivative Securities						Security	(Instr. 5)	Beneficially Owned		Ownership		
	Security							(Instr. 3 and 4)			iu 4)		Following	(I) (Instr. 4			
						Disposed of (D) (Instr.							Reported Transaction(s)	n(s)			
					3, 4 and 5)								(Instr. 4)	``			
												Amount					
												or Number					
				Code	l <sub>v</sub>	(A)	(D)	Date Exercisabl		xpiration ate	Title	of Shares					
Ctl-					i -	10.7	(-,		+				<del>                                     </del>			+	
Stock option	¢1 20	10/00/2024(2)				26 500		(3)	Ι,	0/09/2024	Common	26 500	60	26 500			
(right to	\$1.29	10/08/2024 <sup>(2)</sup>		A		26,500		(3)	1	0/08/2034	Stock	26,500	\$0	26,500	D		
buy) <sup>(1)</sup>																	

## Explanation of Responses:

- 1. Granted pursuant to the issuer's 2014 Stock Incentive Plan.
- 2. The option grant was approved by the issuer's board of directors on October 8, 2024.
- 3. The options will vest 100% on the first anniversary of the grant date, so long as the reporting person continues to serve on the board of directors of the issuer and Napo Therapeutics, S.p.A., the issuer's subsidiary, as applicable.

/s/ Lisa A. Conte, Attorney-in-

10/10/2024

**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.