FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | D.C. | 20549 |
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| CTATEMENT | OE CHANGE | S IN BENEFICIA | I OWNEDCHID |
|-----------|-----------|----------------|-------------|
| STATEMENT | OF CHANGE | S IN BENEFICIA | L OWNERSHIP |

| | OMB APPR | OVAL | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | |
| | Estimated average burden | | | | | | | |
| 1 | hours por rosponso: | 0.5 | | | | | | |

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

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

| Name and Address of Reporting Person* Siegel Jonathan B. | | | | 2. Issuer Name and Ticker or Trading Symbol Jaguar Health, Inc. [JAGX] | | | | | | | | neck all | onship of Reporti all applicable) | | 10% | Owner | | | |
|---|--|---------|---|--|----------------|---|---|--|--------------------|------------|--------------------|---|--------------------------------------|---|---|---------------------------------------|---|--------------------------------|------------|
| (Last) (First) (Middle) C/O JAGUAR HEALTH, INC. 201 MISSION STREET, SUITE 2375 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/17/2018 | | | | | | | | | onicer (give | ficer (give title low) | | r (specify v) | |
| (Street) SAN FRANCI | | |)4105 Zin) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 07/18/2018 | | | | | | | 6. Lir | e) <mark>X</mark> I | ' | | | | |
| (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date | | | 2. Transac | 2A. Deemed Execution Date, | | 3. 4. Securitie Transaction Disposed (Code (Instr. 5) | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | (A) or | 5. A Sec Bei | 5. Amount of Securities Beneficially Owned Following Reported | | 5. Ownership Form: Direct D) or Indirect I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Tra | nsaction(s) str. 3 and 4) | | | (instr. 4) |
| Common Stock | | | 07/17/2018 | | | | | P | | 268(1) | A | A | \$1.19 | 9 | 15,000 | | I | See footnote ⁽²⁾ | |
| | 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) if any (Month/Day/ | | n Date, | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | e Amount of | | nstr. 3 | 8. Price Derivat Securit (Instr. 5 | ve derivative Securities | tive ties cially d ving ted action(s | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| Evalanation | | | | | Code V (A) (D) | | Date Exercisa | | Expiration Date | or Numb | | | | | | | | | |

xplanation of Responses:

- 1. These shares were omitted from the reporting person's original Form 4.
- 2. Securities held directly by JBS Healthcare Ventures LLC. Mr. Siegel, by virtue of his position as the sole member of JBS Healthcare Ventures LLC, may be deemed to beneficially own the securities held by JBS Healthcare Ventures LLC for purposes of Section 16.

/s/ Karen S. Wright, Attorneyin-Fact

10/0<u>4/2018</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.