## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL
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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*     BOCHNOWSKI JAMES J					2. Issuer Name and Ticker or Trading Symbol Jaguar Health, Inc. [ JAGX ]								5. Relationship of Repo (Check all applicable) X Director			Ü	100	o Issuer % Owner ner (specify	
(Last) (First) (Middle) C/O JAGUAR ANIMAL HEALTH, INC. 201 MISSION STREET, SUITE 2375						3. Date of Earliest Transaction (Month/Day/Year) 06/28/2017									Officer (give title Other (sp. below)				
(Street)	(Street) SAN FRANCISCO CA 94105					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/Y						Execution Date,		ate,	3. Transaction Code (Instr. 8) 4. Securities Disposed Of (5)					5. Amoun Securities Beneficial Owned Fo		s Form Illy (D) or ollowing (I) (In		nership Direct Indirect itr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price	Tra	ansaction enstr. 3 ai	tion(s)			()
Common Stock 06/28/20					2017	17			P		100,000	A	\$0.	5	797,93		5 I		By Bochnowski Family Trust <sup>(1)</sup>
	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)	re Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				Transaction Code (Instr.		mber rative rities ired r osed ) . 3, 4	6. Date Expira (Monti	ation D	Year) Securiti Underly Derivati		it of ies ying	Deri Secu (Inst	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficial Owned Followin Reported Transact (Instr. 4)	ive Owner: ies Form: Direct or Indii (I) (Instead		Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares	1					

## **Explanation of Responses:**

1. The Reporting Person is a co-trustee and beneficiary of such trust, and shares voting and investment control over such shares with his spouse.

/s/ Karen S. Wright, Attorney-08/02/2017 in-Fact

\*\* Signature of Reporting Person

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.