The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549
FORM D

## OMB APPROVAL

OMB Number: 3235-0076
Estimated average burden
hours per response: 4.00

## **Notice of Exempt Offering of Securities**

1. Issuer's Identity			
CIK (Filer ID Number)	Previous	None	Entity Type
	Names		
0001585608	Jaguar Anim	al Health, Inc.	Corporation
Name of Issuer			Limited Partnership
Jaguar Health, Inc.			Limited Liability Company
Jurisdiction of Incorporation/Or	ganization		General Partnership
DELAWARE	4:		Business Trust
Year of Incorporation/Organiza	tion		Other (Specify)
X Over Five Years Ago			
Within Last Five Years (Spe	ecity Year)		
Yet to Be Formed			
2. Principal Place of Business	s and Contact Information		
Name of Issuer			
Jaguar Health, Inc.			
Street Address 1		Street Address 2	
200 PINE STREET SUITE 400			
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer
SAN FRANCISCO	CALIFORNIA	94104	415-371-8300
3. Related Persons			
Last Name	First Name		Middle Name
Conte	Lisa		
Street Address 1	Street Address 2		
200 Pine Street, Suite 400			
City	State/Province/C	ountry	ZIP/PostalCode
San Francisco	CALIFORNIA		94104
Relationship: X Executive Off	icer X Director Promoter		
Clarification of Response (if Ne	cessary):		
Last Name	First Name		Middle Name
Lizak	Carol		
Street Address 1	Street Address 2		
200 Pine Street, Suite 400			
City	State/Province/C	ountry	ZIP/PostalCode
San Francisco	CALIFORNIA	-	94104
Relationship: X Executive Off	icer Director Promoter		
Clarification of Response (if Ne	cessary):		
Last Name	First Name		Middle Name
King	Steven		
Street Address 1	Street Address 2		
200 Pine Street, Suite 400	5400t / tddi 655 Z		
City	State/Province/C	ountry	ZIP/PostalCode
San Francisco	CALIFORNIA	···· <b>,</b>	94104
Relationship: X Executive Off			
Tolationship. A Likecutive Oil			

Clarification of Response (if Necessary):			
Last Name	First Name	Middle Name	
Wolin	Jonathan		
Street Address 1	Street Address 2		
200 Pine Street, Suite 400			
City	State/Province/Country	ZIP/PostalCode	
San Francisco	CALIFORNIA	94104	
Relationship: X Executive Officer Dir	rector Promoter		
Clarification of Response (if Necessary):			
Last Name	First Name	Middle Name	
Bochnowski	James		
Street Address 1	Street Address 2		
200 Pine Street, Suite 400			
City	State/Province/Country	ZIP/PostalCode	
San Francisco	CALIFORNIA	94104	
Relationship: Executive Officer X Dir	rector Promoter		
Clarification of Response (if Necessary):			
Last Name	First Name	Middle Name	
Micek III	John		
Street Address 1	Street Address 2		
200 Pine Street, Suite 400			
City	State/Province/Country	ZIP/PostalCode	
San Francisco	CALIFORNIA	94104	
Relationship: Executive Officer X Dia	_		
Clarification of Response (if Necessary):	_		
Loot Namo			
Last Name	First Name	Middle Name	
Last Name Siegel	First Name  Jonathan	Middle Name B.	
Siegel	Jonathan		
Siegel Street Address 1	Jonathan		
Siegel Street Address 1 200 Pine Street, Suite 400	Jonathan Street Address 2	В.	
Siegel Street Address 1 200 Pine Street, Suite 400 City	Jonathan Street Address 2 State/Province/Country CALIFORNIA	B. ZIP/PostalCode	
Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco	Jonathan Street Address 2 State/Province/Country CALIFORNIA	B. ZIP/PostalCode	
Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir	Jonathan Street Address 2 State/Province/Country CALIFORNIA	B. ZIP/PostalCode	
Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary):	Jonathan Street Address 2  State/Province/Country CALIFORNIA rector Promoter	B.  ZIP/PostalCode 94104	
Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary): Last Name	Jonathan Street Address 2  State/Province/Country CALIFORNIA rector Promoter  First Name	B.  ZIP/PostalCode 94104	
Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Did Clarification of Response (if Necessary): Last Name Jayasuriya	Jonathan Street Address 2  State/Province/Country CALIFORNIA rector Promoter  First Name Anula	B.  ZIP/PostalCode 94104	
Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary):  Last Name Jayasuriya Street Address 1	Jonathan Street Address 2  State/Province/Country CALIFORNIA rector Promoter  First Name Anula	B.  ZIP/PostalCode 94104	
Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary):  Last Name Jayasuriya Street Address 1 200 Pine Street, Suite 400	Jonathan Street Address 2  State/Province/Country CALIFORNIA rector Promoter  First Name Anula Street Address 2	B.  ZIP/PostalCode 94104  Middle Name	
Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary):  Last Name Jayasuriya Street Address 1 200 Pine Street, Suite 400 City	Jonathan Street Address 2  State/Province/Country CALIFORNIA rector Promoter  First Name Anula Street Address 2  State/Province/Country CALIFORNIA	B.  ZIP/PostalCode 94104  Middle Name  ZIP/PostalCode	
Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary):  Last Name Jayasuriya Street Address 1 200 Pine Street, Suite 400 City San Francisco	Jonathan Street Address 2  State/Province/Country CALIFORNIA rector Promoter  First Name Anula Street Address 2  State/Province/Country CALIFORNIA	B.  ZIP/PostalCode 94104  Middle Name  ZIP/PostalCode	
Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary):  Last Name Jayasuriya Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Executive Officer X D	Jonathan Street Address 2  State/Province/Country CALIFORNIA rector Promoter  First Name Anula Street Address 2  State/Province/Country CALIFORNIA	B.  ZIP/PostalCode 94104  Middle Name  ZIP/PostalCode	
Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary):  Last Name Jayasuriya Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary):	Jonathan Street Address 2  State/Province/Country CALIFORNIA rector Promoter  First Name Anula Street Address 2  State/Province/Country CALIFORNIA	B.  ZIP/PostalCode 94104  Middle Name  ZIP/PostalCode 94104	
Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary):  Last Name Jayasuriya Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary):  4. Industry Group  Agriculture	Jonathan Street Address 2  State/Province/Country CALIFORNIA rector Promoter  First Name Anula Street Address 2  State/Province/Country CALIFORNIA rector Promoter	B.  ZIP/PostalCode 94104  Middle Name  ZIP/PostalCode 94104	
Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary):  Last Name Jayasuriya Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary):  4. Industry Group  Agriculture Banking & Financial Services	Jonathan Street Address 2  State/Province/Country CALIFORNIA rector Promoter  First Name Anula Street Address 2  State/Province/Country CALIFORNIA rector Promoter  Health Care Biotechnology	B.  ZIP/PostalCode 94104  Middle Name  ZIP/PostalCode 94104	
Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary):  Last Name Jayasuriya Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary):  4. Industry Group  Agriculture Banking & Financial Services Commercial Banking	Jonathan Street Address 2  State/Province/Country CALIFORNIA rector Promoter  First Name Anula Street Address 2  State/Province/Country CALIFORNIA rector Promoter	B.  ZIP/PostalCode 94104  Middle Name  ZIP/PostalCode 94104	
Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary):  Last Name Jayasuriya Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary):  4. Industry Group  Agriculture Banking & Financial Services Commercial Banking Insurance	Jonathan Street Address 2  State/Province/Country CALIFORNIA rector Promoter  First Name Anula Street Address 2  State/Province/Country CALIFORNIA rector Promoter  Health Care Biotechnology Health Insurance	B.  ZIP/PostalCode 94104  Middle Name  ZIP/PostalCode 94104  Retailing Restaurants Technology	
Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary):  Last Name Jayasuriya Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary):  4. Industry Group  Agriculture Banking & Financial Services Commercial Banking	Street Address 2  State/Province/Country CALIFORNIA rector Promoter  First Name Anula Street Address 2  State/Province/Country CALIFORNIA rector Promoter  Health Care Biotechnology Health Insurance Hospitals & Physicians	B.  ZIP/PostalCode 94104  Middle Name  ZIP/PostalCode 94104  Retailing Restaurants Technology Computers	
Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary):  Last Name Jayasuriya Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary):  4. Industry Group  Agriculture Banking & Financial Services Commercial Banking Insurance	Jonathan Street Address 2  State/Province/Country CALIFORNIA rector Promoter  First Name Anula Street Address 2  State/Province/Country CALIFORNIA rector Promoter  Health Care Biotechnology Health Insurance	B.  ZIP/PostalCode 94104  Middle Name  ZIP/PostalCode 94104  Retailing Restaurants Technology	
Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship:  Executive Officer  Din Clarification of Response (if Necessary):  Last Name Jayasuriya Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship:  Executive Officer  Din Clarification of Response (if Necessary):  4. Industry Group  Agriculture Banking & Financial Services	Street Address 2  State/Province/Country CALIFORNIA rector Promoter  First Name Anula Street Address 2  State/Province/Country CALIFORNIA rector Promoter  Health Care Biotechnology Health Insurance Hospitals & Physicians	B.  ZIP/PostalCode 94104  Middle Name  ZIP/PostalCode 94104  Retailing Restaurants Technology Computers	

the Investment Company	Commercial	Airlines & Airports	
Act of 1940?		Lodging & Conventions	
LYes LNo	Construction	Tourism & Travel Services	
Other Banking & Financial Services	REITS & Finance	Other Travel	
Business Services	Residential	Other	
Energy	Other Real Estate	Other	
Coal Mining			
Electric Utilities			
Energy Conservation			
Environmental Services			
Oil & Gas			
Other Energy			
5. Issuer Size			
Revenue Range OR	Aggregate Net Asset Va	alua Panga	
No Revenues	No Aggregate Net A	<del>-</del>	
\$1 - \$1,000,000	\$1 - \$5,000,000	oost valuo	
\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,00	0.000	
\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,0		
\$25,000,001 -			
\$100,000,000	\$50,000,001 - \$100,	000,000	
Over \$100,000,000	Over \$100,000,000		
X Decline to Disclose	Decline to Disclose		
Not Applicable	Not Applicable		
6. Federal Exemption(s) and Exclusion(s) Cla	imed (select all that apply)		_
	☐ Investment Comp	any Act Section 3(c)	
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1)	Section 3(c)(9)	
Rule 504 (b)(1)(i)	Section 3(c)(2)	Section 3(c)(10)	
Rule 504 (b)(1)(ii)	Section 3(c)(3)	Section 3(c)(11)	
Rule 504 (b)(1)(iii)	Section 3(c)(4)	Section 3(c)(12)	
X Rule 506(b) Rule 506(c)	Section 3(c)(5)	Section 3(c)(13)	
Securities Act Section 4(a)(5)			
Securities Act Section 4(a)(3)	Section 3(c)(6)	Section 3(c)(14)	
	Section 3(c)(7)		
7. Type of Filing			
X New Notice Date of First Sale 2022-08-24	First Sale Yet to Occur		
Amendment			
8. Duration of Offering			
o. Buration of Offering			
Does the Issuer intend this offering to last more	than one year? Yes X	No	
9. Type(s) of Securities Offered (select all tha	t apply)		_
Equity		Pooled Investment Fund Interests	
X Debt	<b>H</b>	Tenant-in-Common Securities	
Option, Warrant or Other Right to Acquire A	$\vdash$	Mineral Property Securities	
Security to be Acquired Upon Exercise of O	ntion Warrant or Other		
Right to Acquire Security	A	Other (describe)	
	Roy	alty interest	
10. Business Combination Transaction			_

Is this offering being made in connection with a business combination transaction, such as a

Clarification of Response (if Necessary):		
11. Minimum Investment		
Minimum investment accepted from any outside investor \$0 USI	D	
12. Sales Compensation		
Recipient	Recipient CRD Number X None	
(Associated) Broker or Dealer X None	(Associated) Broker or Dealer CRD Number X None	
Street Address 1	Street Address 2	
City	State/Province/Country	ZIP/Postal Code
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	Foreign/non-US	
13. Offering and Sales Amounts		
Total Offering Amount \$12,000,000 USD or Indefinite		
Total Amount Sold \$12,000,000 USD		
Total Remaining to be Sold \$0 USD or Indefinite		
Clarification of Response (if Necessary):		
14. Investors		
Select if securities in the offering have been or may be sold	to persons who do not qualify as accredited investors, and	
enter the number of such non-accredited investors who alre	•	
Regardless of whether securities in the offering have been convertors, enter the total number of investors who already have		1
15. Sales Commissions & Finder's Fees Expenses		
Provide separately the amounts of sales commissions and finder an estimate and check the box next to the amount.	rs fees expenses, if any. If the amount of an expenditure is no	ot known, provide
Sales Commissions \$0 USD Estimate		
Finders' Fees \$0 USD Estimate		
Clarification of Response (if Necessary):		
16. Use of Proceeds		
Provide the amount of the gross proceeds of the offering that has be named as executive officers, directors or promoters in respon the box next to the amount.		
\$0 USD Estimate		
Clarification of Response (if Necessary):		
Signature and Submission		
Please verify the information you have entered and review to file this notice.	he Terms of Submission below before signing and clicking	ng SUBMIT below

| |Yes|X|No

## Terms of Submission

In submitting this notice, each issuer named above is:

merger, acquisition or exchange offer?

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.\*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

• Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Jaguar Health, Inc.	Lisa Conte	Lisa Conte	CEO	2022-09-02

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.

<sup>\*</sup> This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D. States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.