FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burd	en								
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).

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* <u>Chaturvedi Pravin R</u>						2. Issuer Name and Ticker or Trading Symbol Jaguar Health, Inc. [ JAGX ]									all applic	able)	ng Person(s) to Iss 10% Ov Other (s		vner	
(Last) (First) (Middle) C/O JAGUAR HEALTH, INC. 200 PINE STREET, SUITE 400						3. Date of Earliest Transaction (Month/Day/Year) 12/27/2022									X Chief Scientific Officer  Chief Scientific Officer					
(Street) SAN FRANCI	AN CA 94104 RANCISCO				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
			le I - Nor	-Deriv	ative	e Se	curit	ies Ac	auired	Dis	nosed o	of or Be	neficia	llv C	Owned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					action	ction 2A. Deemed Execution Date			3. 4. Securi Transaction Disposed Code (Instr. 5)			ties Acquire d Of (D) (Ins	ed (A) or	or 5. Amou l and Securitie Benefici		nt of s ally ollowing	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	nt (A) or P		_ [·	Transact	action(s) . 3 and 4)			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)	rive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		Date, T	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares							
Employee Stock Option (right to buy)	\$5.97	12/27/2022			D			31,667	(2)		04/05/2031	Common Stock	31,667		\$0	0 <sup>(1)</sup>		D		

## **Explanation of Responses:**

- 1. The option was cancelled by mutual agreement of the reporting person and Jaguar Health, Inc. The reporting person received \$300 as consideration for the cancellation.
- 2. The option will vest ratably on a monthly basis over 36 months from the grant date, so long as the executive remains employed by the issuer.

12/28/2022 /s/ Pravin R. Chaturvedi

\*\* 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.