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

Notice of Exempt Offering of Securities

OMB APPROVAL

OMB 3235-Number: 0076

Estimated average

burden

hours per response:

Entity Type

4.00

1. Issuer's Identity

0001585608

CIK (Filer ID Number)

Previous Names

None

X Corporation

Name of Issuer

Jaguar Animal Health, Inc.

Limited Partnership

Jaguar Health, Inc.

Limited Liability Company

Jurisdiction of **Incorporation/Organization**

General Partnership **Business Trust** Other (Specify)

DELAWARE

Year of Incorporation/Organization

Over Five Years Ago

X Within Last Five Years (Specify Year) 2013

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

Jaguar Health, Inc.

Street Address 1

Street Address 2

201 MISSION STREET, SUITE 2375

City

State/Province/Country

ZIP/PostalCode

Phone Number of Issuer

SAN FRANCISCO

CALIFORNIA

94105

415-896-5081

3. Related Persons

Last Name

First Name

Middle Name

Conte

Lisa

Street Address 1

Street Address 2

201 Mission Street, Suite 2375

City

State/Province/Country

ZIP/PostalCode

San Francisco

CALIFORNIA

94105

Relationship: X Executive Officer X Director X Promoter

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name

First Name

Middle Name

King

Steven

Street Address 1

Street Address 2

201 Mission Street, Suite 2375

City

State/Province/Country

ZIP/PostalCode

San Francisco

CALIFORNIA

94195

Clarification of Response (if Necessary):

Last Name First Name Middle Name S. Wright Karen **Street Address 1 Street Address 2** 201 Mission Street, Suite 2375 **State/Province/Country** ZIP/PostalCode City **CALIFORNIA** San Francisco 94105 **Relationship:** X Executive Officer Director Promoter Clarification of Response (if Necessary): **Last Name** First Name Middle Name Zhi Yang **Street Address 1 Street Address 2** 201 Mission Street, Suite 2375 City State/Province/Country ZIP/PostalCode San Francisco **CALIFORNIA** 94105 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name Middle Name** Qui Jiahao **Street Address 1** Street Address 2 201 Mission Street, Suite 2375 City **State/Province/Country** ZIP/PostalCode **CALIFORNIA** San Francisco 94105 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name Middle Name** Bochnowski **James Street Address 2 Street Address 1** 201 Mission Street, Suite 2375 **State/Province/Country** ZIP/PostalCode City San Francisco **CALIFORNIA** 94105 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name** First Name Middle Name Kamphuis **Folkert Street Address 1 Street Address 2** 201 Mission Street, Suite 2375 ZIP/PostalCode City **State/Province/Country** San Francisco **CALIFORNIA** 94105 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name** Middle Name Micek, III John **Street Address 1** Street Address 2 201 Mission Street, Suite 2375 ZIP/PostalCode State/Province/Country City San Francisco **CALIFORNIA** 94105

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Johnson Jeffrey

Street Address 1 Street Address 2

280 Park Avenue, 3rd Floor West

City State/Province/Country ZIP/PostalCode

New York NEW YORK 1017

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

4. Industry Group

Agriculture Health Care Retailing
Banking & Financial Services Biotechnology Restaurants
Commercial Banking Health Insurance Tachnology

Investing

Health Insurance

Hospitals & Physicians

Computers

Investment Banking X Pharmaceuticals Telecommunications
Pooled Investment Fund Other Health Care Other Technology

Is the issuer registered as Manufacturing Travel

an investment company under the Investment Company

Real Estate Airports

Act of 1940? Commercial Lodging & Conventions

Yes No Construction Tourism & Travel Services

Other Banking & Financial Services REITS & Finance Other Travel

Business Services Residential Other

Energy Other Real Estate

Coal Mining

Oil & Gas

Other Energy

Electric Utilities

Energy Conservation
Environmental Services

5. Issuer Size

Revenue Range OR Aggregate Net Asset Value Range

No Revenues No Aggregate Net Asset Value

\$1 - \$1,000,000 \$1 - \$5,000,000

\$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$5,000,001 - \$25,000,000 \$25,000,000

\$25,000,001 -\$100,000,000 \$50,000,001 - \$100,000,000

Over \$100,000,000

X Decline to Disclose
Not Applicable

Over \$100,000,000

Decline to Disclose
Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

Rule 504(b)(1) (not (i), (ii) or (iii))

Investment Company Act Section 3(c)

Rule 504 (b)(1)(i) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii) X Rule 506(b) Rule 506(c) Securities Act Section 4(a)(5)	Section 3(c) Section 3(c) Section 3(c) Section 3(c) Section 3(c) Section 3(c)	(2)(2) (2)(3) (2)(4) (2)(5) (2)(6)	Section 3(c)(9) Section 3(c)(10) Section 3(c)(11) Section 3(c)(12) Section 3(c)(13) Section 3(c)(14)					
7. Type of Filing								
X New Notice Date of First Sale 2017-06-29 First Sale Yet to Occur Amendment								
8. Duration 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 that ap	oply)							
Equity X Debt Option, Warrant or Other Right to Acquire Ar Security to be Acquired Upon Exercise of Op Other Right to Acquire Security		Pooled Investment Fund Interests Tenant-in-Common Securities Mineral Property Securities X Other (describe) Convertible Promissory Note and the Common Stock issuable upon conversion thereof.						
10. Business Combination Transaction								
Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes X No								
Clarification of Response (if Necessary):								
11. Minimum Investment								
Minimum investment accepted from any outside investor \$0 USD								

12. Sales Compensation

Recipient

	(Associated) Broker or Dealer X None		(Associated) Broker or Dealer CRD Number X Nor	ie
	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 shock individual States	All States	Foreign/non-US	

Recipient CRD Number X None

13. Offering and Sales Amounts

Total Offering Amount \$2,155,000 USD or Indefinite

Total Amount Sold \$2,155,000 USD

Check "All States" or check individual States

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 already have invested in the offering.

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

1	
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15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

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 been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check 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 the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- 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.	/s/ Karen S. Wright	Karen S. Wright	Chief Financial Officer	2018-03-30

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.

* 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.

