FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average b	urden							
- 1	hours nor resnance:	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>CONTE LISA A</u>				2. Issuer Name and Ticker or Trading Symbol Jaguar Health, Inc. [JAGX]								(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O JAGUAR HEALTH, INC. 201 MISSION STREET, SUITE 2375				3. Date of Earliest Transaction (Month/Day/Year) 06/01/2018								X	X Officer (give title Other (spe below) CEO and President					
(Street) SAN FRANCISCO CA 94105 (City) (State) (Zip)			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	6. 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. Transa Date (Month/D			е	2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.			A) or , 4 and 5	Beneficia Owned Fo	s Forn lly (D) o ollowing (I) (Ir		n: Direct I or Indirect I nstr. 4) (7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) (D)	or	Price	Reported Transacti (Instr. 3 a			"	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) 2. Conversion or Exercise Price of Derivative Security (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	or Nu	nount mber Shares		Transaction(s) (Instr. 4)			
Stock Option (right to buy) ⁽¹⁾⁽²⁾	\$2.73	06/01/2018 ⁽³⁾		A		447,935		(4)	04	4/12/2028	Commor Stock	44	7,935	\$0	447,93	35	D	

Explanation of Responses:

- 1. Granted pursuant to the Issuer's 2014 Equity Incentive Plan
- 2. All share numbers and the exercise price reflect the 1-for-15 reverse stock split effected on June 1, 2018.
- 3. The option grant was approved by the Issuer's board of directors on April 12, 2018, subject to the stockholders approving and effecting a reverse stock split. The Issuer's shareholders approved the reverse stock split on May 18, 2018 and effected such stock split on June 1, 2018.
- $4. \ Vests in equal monthly installments, beginning on May 1, 2018, such that it is vested in full on the 3-year anniversary of the grant date.$

/s/ Karen S. Wright, Attorneyin-Fact

06/06/2018

** 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.