SEC	Form 4
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FORM	4
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287
	Estimated average burde	en
	hours per response:	0.5

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. Title of Security	r (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transaction Code (Instr.	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial		
		Table I - Nor	n-Derivative S	ecurities Acq	uired, Disp	oosed of, or Benefic	cially (	Owned				
(City)	(State)	(Zip)										
(Street) SAN FRANCISCO	СА	94105	4. If Am	endment, Date of C	Driginal Filed (	(Month/Day/Year)	6. Indiv Line) X	vidual or Joint/Group Form filed by One Form filed by Mor Person	e Reporting Pers	on		
(Last) C/O JAGUAR I 201 MISSION S	(First) HEALTH, INC		3. Date 12/21/	of Earliest Transac 2017	tion (Month/D	ay/Year)	X X	Director Officer (give title below) CEO and		(specify		
1. Name and Address of Reporting Person* CONTE LISA A				er Name <b>and</b> Ticker a <u>r Health, Inc</u>		ymbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					

(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Code (		Disposed Of (	D) (Instr.	3, 4 and 5)	Securities Beneficially Owned Following Reported	(I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
		Code	v		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)	

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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Stock Option (right to buy) <sup>(1)</sup>	\$0.12	12/21/2017		A		285,807		(2)	12/21/2027	Common Stock	285,807	\$0	285,807	D	

Explanation of Responses:

1. Granted pursuant to the Issuer's 2014 Equity Incentive Plan

2. Vests in full on March 31, 2018 if reporting person is an employee as of such date.

## /s/ Karen S. Wright, Attorneyin-Fact

<u>12/29/2017</u>

\*\* 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.