FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

l	OMB Number:	3235-0287
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I	hours ner resnonse.	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>MacNaughtan Murray David</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol  Jaguar Health, Inc. [ JAGX ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				-	-0							X Director			10% Ow	ner	
(Last)	(F GUAR HEA	irst) LTH. INC.	(Middle)		. Date o		Trans	saction (Montl	n/Day/Year)		Officer ( below)	(give title		Other (s below)	pecify		
		EET, SUITE 237	75														
				4.	. If Ame	endment, D	Date o	of Original File	ed (Month/Da	ay/Year)	6. lı	ndividual or Jo	oint/Group	Filing	(Check App	licable	
(Street) SAN FRANCISCO CA 94105													•		rting Person One Report		
(City)	(S	itate)	(Zip)														
		Та	ble I - Non-	Derivati	ve Se	curities	s Ac	quired, D	isposed (	of, or Be	neficiall	y Owned					
Date				2. Transaction Date (Month/Day/		2A. Deemed Execution Date, if any (Month/Day/Yea		r, Transaction Disp Code (Instr.		curities Acquired (A) osed Of (D) (Instr. 3, 4		Beneficia Owned Fo	s lly ollowing	Form:	: Direct   I Indirect   I str. 4)   (	7. Nature of ndirect Beneficial Ownership	
							Code V	Amount	(A) (D)	Price	Reported Transacti (Instr. 3 a				Instr. 4)		
			Table II - D (e					uired, Dis s, options,				Owned		,			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	Transaction Code (Instr.		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)		nd Amount ties ng e Security nd 4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	ion(s)			
Stock Option	\$1.73	07/24/2019 <sup>(2)</sup>		A		121,573		(3)	07/24/2022	Common	121.573	\$0	121,5	73	D		

## **Explanation of Responses:**

buy)<sup>(1)</sup>

- 1. Granted pursuant to the issuer's 2014 Equity Incentive Plan.
- 2. The option grant was approved by the issuer's board of directors on July 19, 2019, subject to James J. Bochnowski, the chairman of the board of directors, and Karen S. Wright, the Chief Financial Officer of the issuer, determining the exact number of option shares to be granted per option based on the issuer's fully diluted shares outstanding following the issuer's underwritten public offering that closed on July 23, 2019. Mr. Bochnowski and Ms. Wright certified the exact number of option shares to be granted on July 24, 2019, such that the effective date of the option grant was July 24, 2019.
- 3. Vests in equal monthly installments beginning on July 24, 2019, with one month of options, or 3,377 options, vested as of the grant date based on the reporting person's number of years of service on the issuer's board of directors, such that the grant is vested in full on the 3-year anniversary of the grant date.

/s/ Karen S. Wright, Attorneyin-Fact 07/26/2019

\*\* Signature of Reporting Person Date

 $Reminder: \ Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- $^{\star}$  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.