FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | |

37 Estimated average burden 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

| | | | | | _ | | . , | | invesiment | | | 0. 20 .0 | | | | | | | | |
|--|---|--|---|----------|---|---|---|---------------------------------------|--|------|-------------------------------|---|---|--|---|---|-----------------------------------|--|---|--|
| 1. Name and Address of Reporting Person* King Steven R. | | | | | 2. Issuer Name and Ticker or Trading Symbol Jaguar Animal Health, Inc. [JAGX] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| Killg 5 | teven K. | | | | _(| | | | | | | - | | X | Officer | or (give title | | 10% Ov | · I | |
| (Last) | | | | | | | | | | | below) | | | pecity | | | | | | |
| (Last) (First) (Middle) C/O JAGUAR ANIMAL HEALTH, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/19/2016 | | | | | | | | Executive VP and Secretary | | | | | | |
| 201 MISSION STREET, SUITE 2375 | | | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| SAN | C | Δ | 04105 | | | | | | | | | | | X | Form f | orting Perso | n | | | |
| FRANCISCO CA 94105 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | rting | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | 1 01001 | | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | Sec | uritie | s Ac | quired, | Dis | osed c | of, or Be | nefici | ally | Owned | l | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date | | | Transaction Dispos Code (Instr. 5) | | | ities Acquir d Of (D) (In: | | and Securiti Benefic | | es ially Following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | Pric | е | Transaci (Instr. 3 | tion(s) | | | ,iiisti. 4) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| | | | | (e.g., p | uts, | calls | , warr | ants | s, option | s, c | onverti | ble seci | urities |) | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transa Code (I 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | | le and 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | D S (I | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | is Billy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amour or Number of Shares | er | | | | | | |
| Stock Option (right to buy) ⁽¹⁾ | \$0.74 | 12/19/2016 | | | A | | 4,496 | | (2) | 12 | 2/19/2026 | Common Stock | 4,496 | 5 | \$0 | 4,496 | 5 | D | | |

Explanation of Responses:

- 1. Granted pursuant to the Issuer's 2014 Equity Incentive Plan
- 2. Vests in equal monthly installments, beginning on January 19, 2017, such that it is vested in full on the 3-year anniversary of the grant date.

/s/ Karen S. Wright, Attorney-12/21/2016

in-Fact

** 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.