

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>Sagard Capital Partners, L.P.</u> (Last) (First) (Middle) 280 PARK AVENUE, 3RD FLOOR WEST (Street) NEW YORK NY 10017 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Jaguar Health, Inc. [JAGX]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) Former 10% beneficial owner
	3. Date of Earliest Transaction (Month/Day/Year) 07/23/2019	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

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. 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)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	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					

1. Name and Address of Reporting Person*
Sagard Capital Partners, L.P.
 (Last) (First) (Middle)
 280 PARK AVENUE, 3RD FLOOR WEST
 (Street)
 NEW YORK NY 10017
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Sagard Capital Partners GP, Inc.
 (Last) (First) (Middle)
 280 PARK AVENUE, 3RD FLOOR WEST
 (Street)
 NEW YORK NY 10017
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Sagard Capital Partners Management Corp
 (Last) (First) (Middle)
 280 PARK AVENUE, 3RD FLOOR WEST
 (Street)
 NEW YORK NY 10017
 (City) (State) (Zip)

(City)

(State)

(Zip)

Explanation of Responses:

Remarks:

As a result of the Issuer's issuances of securities in conjunction with an underwritten public offering which was closed on July 23, 2019, the Reporting Persons' beneficial ownership of the Issuer's voting common stock (as calculated pursuant to Rule 16a-1(a)(1) promulgated under the Securities Exchange Act of 1934, as amended) has decreased to less than 10%. As a result, the Reporting Persons are no longer subject to Section 16 in connection with their transactions in the equity securities of the Issuer and will no longer report any such transactions on Form 4 or Form 5.

/s/Samuel Robinson, President
of Sagard Capital Partners GP, 08/21/2019
Inc., the general partner of
Sagard Capital Partners, L.P.

/s/Samuel Robinson, President
of Sagard Capital Partners GP, 08/21/2019
Inc.

/s/Samuel Robinson, President
of Sagard Capital Partners 08/21/2019
Management Corp.

** 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.