SEC Form 4																
FORM 4 UNITE			D STAT	TATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).		STA	STATEMENT OF CHANGES IN BENEFICIAL OWNE Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									Estimated average burden		3235-0287 :n 0.5		
1. Name and Address of Reporting Person* King Steven R. (Last) (First) C/O JAGUAR HEALTH, INC. 201 MISSION STREET, SUITE 237		(Middle)		2. Issuer Name and Ticker or Trading Symbol Jaguar Health, Inc. [JAGX] 3. Date of Earliest Transaction (Month/Day/Year) 03/12/2018							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) Executive VP and Secretary					
(Street) SAN FRANCISCO CA 94105 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indiv X	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 - No	n-Deriva	ative S	ecurities Acq	uired,	Disp	oosed of, o	r Bene	ficially C	Dwned					
Date			2. Transad Date (Month/Da	Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		3, 4 and 5)	5. Amount of Securities Beneficially Owned Follow Reported Transaction(s)	Ŭ	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	V	Amount	(D)	Price	(Instr. 3 and 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	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)	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					

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)				6. Date Exerc Expiration Da (Month/Day/Y	ate	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)	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		(Instr. 4)		
Stock Option (right to buy) ⁽¹⁾	\$0.56	03/12/2018 ⁽²⁾		A		1,327,881		(3)	08/02/2027	Common Stock	1,327,881	\$0	1,327,881	D	

Explanation of Responses:

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

2. The option grant was approved by the Issuer's board of directors on August 2, 2017, subject to shareholder approval of the amendment to the 2014 Stock Incentive Plan. The Issuer's shareholders approved the amendment on March 12, 2018.

3. Vests in equal monthly installments, beginning August 2, 2017, such that it is vested in full on the 3-year anniversary of the grant date.

/s/ Karen S. Wright, Attorneyin-Fact

03/14/2018

** 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.