FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|------------------|

| UMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| 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 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Wright Karen Steil | | | | 2. Issuer Name and Ticker or Trading Symbol Jaguar Animal Health, Inc. [JAGX] | | | | | | | (Chec | k all applica Director | able) | Perso | on(s) to Issu 10% Ow Other (s) | ner | | |
|--|--|------------|----------------|--|--|--------------------------------|--|---------------------|---|--|---|---|--|--|--|--|-----------|--|
| (Last) (First) (Middle) C/O JAGUAR ANIMAL HEALTH, INC. 201 MISSION STREET, SUITE 2375 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/22/2016 | | | | | | X Office (give title Officer Specify below) Chief Financial Officer | | | | | | | | |
| (Street) SAN FRANCI | | | 94105 (Zip) | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line) | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Date | | | | action 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | | | and 5) Securities Beneficia Owned Fe | | s Form ally (D) collowing (I) (II | Form: (D) or | n: Direct I or Indirect E nstr. 4) (| 7. Nature of ndirect Beneficial Dwnership | | | |
| | | | | | | | Code | v | Amount (A) or (D) | | Pri | ce | Reported Transaction (Instr. 3 a | tion(s) | | " | Instr. 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) | vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | Transaction Derivative Code (Instr. Securities | | e s I (A) sed str. | Expiration Date (Month/Day/Year) A) d | | 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 | | piration te | Title | Amou or Numb of Sha | er | | Transaction(s) (Instr. 4) | | | |
| Stock Option (right to buy) ⁽¹⁾ | \$1.25 | 09/22/2016 | | A | | 103,698 | | (2) | 09/ | /22/2026 | Common Stock | 103, | 698 | \$0 | 103,69 | 98 | D | |

Explanation of Responses:

- 1. Granted pursuant to the Issuer's 2014 Equity Incentive Plan
- 2. Vests in equal monthly installments, beginning on October 22, 2016, such that it is vested in full on the 3-year anniversary of the grant date.

09/23/2016 /s/ Karen S. Wright

** 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.