

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL	
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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>Nantucket Investments Ltd</u>  (Last) (First) (Middle) PO BOX 282, REGENCY COURT GLATEGNY ESPLANADE  (Street) ST PETER PORT Y7 GY1 3RH  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 07/31/2017	3. Issuer Name and Ticker or Trading Symbol <u>Jaguar Health, Inc. [ JAGX ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)  <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, par value \$0.0001 per share ("Common Stock")	4,884,245	D <sup>(1)</sup>	

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				
Non-voting common stock	(2)	(2)	Common Stock 38,450,721	(2)	D <sup>(1)</sup>	

1. Name and Address of Reporting Person\*  
Nantucket Investments Ltd  
 (Last) (First) (Middle)  
 PO BOX 282, REGENCY COURT  
 GLATEGNY ESPLANADE  
 (Street)  
 ST PETER PORT Y7 GY1 3RH  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Burford Capital Ltd  
 (Last) (First) (Middle)  
 PO BOX 282, REGENCY COURT  
 GLATEGNY ESPLANADE  
 (Street)  
 ST PETER PORT Y7 GY1 3RH  
 (City) (State) (Zip)

**Explanation of Responses:**

1. The securities reported herein are held by Nantucket Investments Limited, a company organized under the laws of Guernsey ("Nantucket"). Burford Capital LLC, a Delaware limited liability company, is the investment adviser to Nantucket. Burford Capital Holdings (UK) Limited, a company organized under the laws of England and Wales, is the sole owner of Burford Capital LLC and is majority owned by Burford Capital Limited, a company organized under the laws of Guernsey and publicly traded on the London Stock Exchange. Each of Nantucket, Burford Capital Limited, Burford Capital LLC and Burford Capital Holdings (UK) Limited disclaim beneficial ownership of the securities listed herein, except to the extent of its respective pecuniary interest therein.

2. The shares of non-voting common stock are convertible into shares of Common Stock on a one-for-one basis (x) upon transfers to non-affiliates of Nantucket, (y) upon the release from escrow of certain shares of non-voting common stock held by Nantucket to the legacy stockholders of Napo Pharmaceuticals, Inc. under specified conditions and (z) at any time on or after April 1, 2018 at the option of the holder thereof. The shares of non-voting common stock have no expiration date.

[Director of International  
Administration Group, as  
Company Secretary](#)

[BURFORD CAPITAL  
LIMITED, By: /s/ Mark](#)

[Woodall, Title: Director of  
International Administration  
Group, as Company Secretary](#)

[08/09/2017](#)

\*\* 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 5 (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.**