The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

Notice of Exempt Offering of Securities

OMB APPROVAL

**OMB** 3235-Number: 0076

Estimated average

burden

**Entity Type** 

hours per response:

4.00

1. Issuer's Identity

**CIK (Filer ID Number)** 

Name of Issuer

**Previous** Names

None

Jaguar Animal Health, Inc. X Corporation

Limited Partnership

Limited Liability Company

General Partnership **Business Trust** Other (Specify)

Jaguar Health, Inc.

Jurisdiction of **Incorporation/Organization** 

**DELAWARE** 

0001585608

Year of Incorporation/Organization

X Over Five Years Ago

Within Last Five Years (Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

Jaguar Health, Inc.

**Street Address 1** 

**Street Address 2** 

201 MISSION STREET, SUITE 2375

City

**State/Province/Country** 

ZIP/PostalCode

**Phone Number of Issuer** 

SAN FRANCISCO

**CALIFORNIA** 

94105

415-371-8300

3. Related Persons

**Last Name** 

First Name

Middle Name

Conte

Lisa

**Street Address 1** 

**Street Address 2** 

201 Mission Street, Suite 2375

City

State/Province/Country

ZIP/PostalCode

San Francisco

**CALIFORNIA** 

94105

Relationship: X Executive Officer X Director X Promoter

Clarification of Response (if Necessary):

**Last Name** 

First Name

**Middle Name** 

Wright

Karen

**Relationship:** X Executive Officer Director Promoter

**Street Address 2** 

201 Mission Street, Suite 2375

City

**Street Address 1** 

State/Province/Country

ZIP/PostalCode

San Francisco

**CALIFORNIA** 

94105

Clarification of Response (if Necessary):

S.

**Last Name First Name** Middle Name R. King Steven **Street Address 1 Street Address 2** 201 Mission Street, Suite 2375 **State/Province/Country** ZIP/PostalCode City **CALIFORNIA** San Francisco 94105 **Relationship:** X Executive Officer Director Promoter Clarification of Response (if Necessary): **Last Name** First Name Middle Name Bochnowski **James** J. **Street Address 1 Street Address 2** 201 Mission Street, Suite 2375 City State/Province/Country ZIP/PostalCode San Francisco **CALIFORNIA** 94105 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name Middle Name** Qui Jiahao **Street Address 2 Street Address 1** 201 Mission Street, Suite 2375 City State/Province/Country ZIP/PostalCode **CALIFORNIA** San Francisco 94105 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name Middle Name Divis** Greg J. **Street Address 1 Street Address 2** 201 Mission Street, Suite 2375 **State/Province/Country** ZIP/PostalCode City San Francisco **CALIFORNIA** 94105 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name** First Name Middle Name MacNaughtan Murray David **Street Address 1 Street Address 2** 201 Mission Street, Suite 2375 ZIP/PostalCode City State/Province/Country San Francisco **CALIFORNIA** 94105 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name** Middle Name Micek, III John **Street Address 1** Street Address 2 201 Mission Street, Suite 2375 ZIP/PostalCode State/Province/Country City San Francisco **CALIFORNIA** 94105

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Johnson Jeffrey C.

Street Address 1 Street Address 2

280 Park Avenue, 3rd Floor West

City State/Province/Country ZIP/PostalCode

New York NEW YORK 10017

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Siegel Jonathan B.

Street Address 1 Street Address 2

201 Mission Street, Suite 2375

City State/Province/Country ZIP/PostalCode

San Francisco CALIFORNIA 94105

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

4. Industry Group

Agriculture Health Care Retailing

Banking & Financial Services Biotechnology Restaurants
Commercial Banking Health Insurance Technology
Insurance

Investing

Hospitals & Physicians

Computers

X Pharmaceuticals

Telecommunications

Investment Banking X Pharmaceuticals Telecommunications

Pooled Investment Fund Other Health Care Other Technology

Is the issuer registered as Manufacturing Travel

an investment company under the Investment Company Real Estate Airlines & Airlines & Airports

Act of 1940? Commercial Lodging & Conventions

Yes No Construction Tourism & Travel Services

Other Banking & Financial Services REITS & Finance Other Travel

Other Haver

Business Services Residential Other

Energy Other Real Estate

Coal Mining

Energy Conservation

Environmental Services

Oil & Gas
Other Energy

**Electric Utilities** 

5. Issuer Size

Revenue Range OR Aggregate Net Asset Value Range

No Revenues No Aggregate Net Asset Value

\$1 - \$1,000,000 \$1 - \$5,000,000

\$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000

\$5,000,001 -\$25,000,001 - \$50,000,000

\$25,000,000

\$25,000,001 -\$50,000,001 - \$100,000,000 \$100,000,000

Over \$100,000,000 Over \$100,000,000 X Decline to Disclose Decline to Disclose Not Applicable Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

<b>Investment Company</b>	Act Section 3(c)

Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1)	Section 3(c)(9)
Rule 504 (b)(1)(i)	Section 3(c)(2)	Section 3(c)(10)
Rule 504 (b)(1)(ii)	Section 3(c)(3)	Section 3(c)(11)
Rule 504 (b)(1)(iii)	Section 3(c)(4)	Section 3(c)(12)
X Rule 506(b) Rule 506(c)	Section 3(c)(5)	Section 3(c)(13)
Securities Act Section 4(a)(5)	Section 3(c)(6)	Section 3(c)(14)

Section 3(c)(7)

7. Type of Filing

X New Notice Date of First Sale 2019-03-18 First Sale Yet to Occur Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes X No

9. Type(s) of Securities Offered (select all that apply)

Pooled Investment Fund Interests **Equity** Tenant-in-Common Securities X Debt

X Option, Warrant or Other Right to Acquire Another Security

X Security to be Acquired Upon Exercise of Option, Warrant or

Other Right to Acquire Security

X Other (describe)

Mineral Property Securities

Exchangeable Promissory Notes and Common Stock Warrants and the underlying common stock issuable upon exchange or exercise thereof.

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as Yes X No a merger, acquisition or exchange offer?

Clarification of Response (if Necessary):

11. Minimum Investment

Minimum investment accepted from any outside investor \$0 USD

12. Sales Compensation

Recipient Recipient CRD Number X None

(Associated) Broker or Dealer CRD (Associated) Broker or Dealer X None X None

Number

**Street Address 1 Street Address 2** 

ZIP/Postal City State/Province/Country Code

State(s) of Solicitation (select all that apply)

Check "All Statesâ€□ or check individual

States

States

13. Offering and Sales Amounts

Total Offering Amount \$12,100,000 USD or Indefinite

Total Amount Sold \$800,000 USD

Total Remaining to be Sold \$11,300,000 USD or Indefinite

Clarification of Response (if Necessary):

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering.

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

2

## 15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$0 USD Estimate Finders' Fees \$0 USD Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.\*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Jaguar Health, Inc.	/s/ Karen S. Wright	Karen S. Wright	Chief Executive Officer	2019-04-02

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.

\* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.