FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| <b>STATEMENT</b> | <b>OF CHANGES</b> | IN BENEFICIAL | <b>OWNERSHIP</b> |
|------------------|-------------------|---------------|------------------|

| OMB 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*     MICEK JOHN   |  |                           |                        | 2. Issuer Name and Ticker or Trading Symbol <u>Jaguar Health, Inc.</u> [ JAGX ] |   |  |   |                      | (Ch   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner Officer (give title Other (specif |   |  |  | ner   |               |         |
|--|--|---------------------------|------------------------|---|---|--|---|----------------------|---|---|---|--|--|---|---------------|---------|
| (Last)<br>C/O JAC  | F<br>UAR HEA   | ,                         | (Middle)               |   |   | 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2021  |   |                      |   |   | below)  |  |  | below)  |               |         |
| 200 PINE STREET, SUITE 400   |  |                           |                        | If Amendment, Date of Original Filed (Month/Day/Year)                           |   |  |   |                      |   | 6 1   | 6. Individual or Joint/Group Filing (Check Applicable |  |  |   |               |         |
| (Street)<br>SAN<br>FRANCI  | sco C.   | A                         | 94104                  |   |   | enument, i   | Date  | or Original Fin      | eu (Monundo   | ay/ rear)   | Line  | e)<br><mark>X</mark> Form fi   | led by One   | Repo  | orting Person | 1       |
| (City)   | (S   | tate)                     | (Zip)                  |   |   |  |   |                      |   |   |   |  |  |   |               |         |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |  |                           |                        |   |   |  |   |                      |   |   |   |  |  |   |               |         |
| Date   |  |                           | ansaction<br>hth/Day/Y | Execution Date,   |   | Code (Ins  | Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. 5) |                      |   | Beneficia   | es Form<br>ally (D) of<br>Following (I) (II           |  | m: Direct<br>or Indirect<br>Instr. 4)                              | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |               |         |
|  |  |                           |                        |   |   |  |   | Code V               | Amount  | (A) or<br>(D)   | Price   | Transact<br>(Instr. 3 a  | ion(s)   |   |               | (эц. +) |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |                           |                        |   |   |  |   |                      |   |   |   |  |  |   |               |         |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any |                           | Code                   | ransaction of ode (Instr. Derivative  |   | 6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  Derivative (Instr. 3 and |   | ies<br>g<br>Security | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) |   |   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |               |         |
|  |  |                           |                        | Code  | v | (A)  | (D)   | Date<br>Exercisable  | Expiration<br>Date                                  | Title   | Amount<br>or<br>Number<br>of<br>Shares                |  |  |   |               |         |
| Stock<br>option<br>(right to<br>buy) <sup>(1)</sup>  | \$1.24   | 05/18/2021 <sup>(2)</sup> |                        | A   |   | 72,750   |   | (3)                  | 05/18/2031  | Common<br>Stock   | 72,750  | \$0  | 72,750   |   | D             |         |
| Restricted<br>stock<br>units <sup>(1)</sup>  | (4)  | 05/18/2021 <sup>(2)</sup> |                        | A   |   | 36,400   |   | (5)                  | (5)   | Common<br>Stock   | 36,400  | \$0  | 36,400   |   | D             |         |

## **Explanation of Responses:**

- 1. Granted pursuant to the issuer's 2014 Stock Incentive Plan.
- 2. The option and restricted stock unit grants were approved by the issuer's board of directors on May 18, 2021.
- 3. The options will vest in full on May 18, 2022, the first anniversary of the grant date, so long as the director continues to serve on the board of directors of the issuer.
- 4. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock.
- 5. The restricted stock units vest in full on May 18, 2022, the first anniversary of the grant date. Vested shares will be delivered to the reporting person on the vesting date provided in the grant notice.

/s/ John Micek

05/19/2021

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.