FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## 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

Name and Address of Reporting Person*     Wright Karen Steil			2. Date of Event Requiring Statement (Month/Day/Year) 12/15/2015  3. Issuer Name <b>and</b> Ticker or Trading Symbol  Jaguar Animal Health, Inc. [ JAGX ]									
	st) (First) (Middle) O JAGUAR ANIMAL HEALTH, INC. 1 MISSION STREET, SUITE 2375				4. Relationship of Reporting Person (Check all applicable)  Director  X Officer (give title below)  Chief Financial O		10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) SAN FRANCISCO (City)	CA (State)	94105 (Zip)					Other (spe below) Officer	´ [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 - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
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)		d 3. Title and Amount of Securiti Underlying Derivative Security			4. Conversion	se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiratior Date	n Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)			
Stock Option (1	right to buy)(1)		(2)	11/23/2025	5	Common Stock	20,000	2.04	D			

## Explanation of Responses:

- 1. Granted pursuant to the Issuer's 2014 Equity Incentive Plan.
- 2. 25% of the Option will vest on 8/31/2016, with the remainder vesting equally over the following 27 months such that the option is vested in full on 11/30/2018. Vesting is subject to the Reporting Person's continued employment with the Issuer through the applicable vesting dates.

<u>/s/ Karen Wright</u> <u>12/22/2015</u>

\*\* 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.