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 3235Number: 0076

Estimated average burden hours per response: 4.00

1. Issuer's Identity

CIK (Filer ID Number)

Previous
Names

None

Entity Type

0001585608 Jaguar Animal Health, Inc. X Corporation

Name of Issuer Limited Partnership

Jaguar Health, Inc.

Limited Liability Company

Jurisdiction ofGeneral PartnershipIncorporation/OrganizationBusiness Trust

DELAWARE Other (Specify)

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

200 PINE STREET SUITE 400

City State/Province/Country ZIP/PostalCode Phone Number of Issuer

SAN FRANCISCO CALIFORNIA 94104 415-371-8300

3. Related Persons

Last Name First Name Middle Name

Conte Lisa

Street Address 1 Street Address 2

200 Pine Street, Suite 400

City State/Province/Country ZIP/PostalCode

San Francisco CALIFORNIA 94104

Relationship: X Executive Officer X Director X Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Lizak Carol

Street Address 1 Street Address 2

200 Pine Street, Suite 400

City State/Province/Country ZIP/PostalCode

San Francisco CALIFORNIA 94104

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

**Last Name First Name** Middle Name King Steven **Street Address 1 Street Address 2** 200 Pine Street, Suite 400 State/Province/Country ZIP/PostalCode City **CALIFORNIA** 94104 San Francisco Relationship: X Executive Officer Director Promoter Clarification of Response (if Necessary): **Last Name First Name** Middle Name Wolin Jonathan **Street Address 1 Street Address 2** 200 Pine Street, Suite 400 State/Province/Country City ZIP/PostalCode San Francisco **CALIFORNIA** 94104 Relationship: X Executive Officer Director Promoter Clarification of Response (if Necessary): **Last Name** First Name Middle Name Bochnowski James **Street Address 1 Street Address 2** 200 Pine Street, Suite 400 City **State/Province/Country** ZIP/PostalCode **CALIFORNIA** 94104 San Francisco **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** 200 Pine Street, Suite 400 City State/Province/Country ZIP/PostalCode San Francisco **CALIFORNIA** 94104 **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** 200 Pine Street, Suite 400 State/Province/Country ZIP/PostalCode City San Francisco **CALIFORNIA** 94104 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** 200 Pine Street, Suite 400 ZIP/PostalCode State/Province/Country City

**CALIFORNIA** 

94104

San Francisco

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

## 4. Industry Group

Agriculture
Banking & Financial Services

Commercial Banking

Insurance Investing

Investment Banking Pooled Investment Fund

Is the issuer registered as an investment company under the Investment Company

Act of 1940?

Yes

Other Banking & Financial Services

No

**Business Services** 

Energy

Coal Mining
Electric Utilities

Energy Conservation

Environmental Services

Oil & Gas

Other Energy

Health Care

Biotechnology
Health Insurance

Hospitals & Physicians

X Pharmaceuticals
Other Health Care

Manufacturing Manufacturing

Real Estate

Commercial

Construction

**REITS & Finance** 

Residential

Other Real Estate

Retailing

Restaurants

Technology

Computers

Telecommunications

Other Technology

Travel

Airlines & Airports

Lodging & Conventions

Tourism & Travel Services

Other Travel

Other

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

	Investment Company 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) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii) X Rule 506(b) Rule 506(c)	Section 3(c)(2)	Section 3(c)(10)	
	Section 3(c)(3)	Section 3(c)(11)	
	Section 3(c)(4)	Section 3(c)(12)	
	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 2021-09-01 First Sale Yet to Amendment	o Occur			
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)				
X Equity Debt Option, Warrant or Other Right to Acquire Another Security	Pooled Investment Fund Interests Tenant-in-Common Securities Mineral Property Securities			
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	X Other (describe)			
	Common Stock			
10. Business Combination Transaction				
Is this offering being made in connection with a business combin as a merger, acquisition or exchange offer?	nation transaction, such Yes X No			
Clarification of Response (if Necessary):				
11. Minimum Investment				
Minimum investment accepted from any outside investor \$0 USI	D			
12. Sales Compensation				
Recipient Recip	vient CRD Number X None			
LASSOCIATED Broker of Dealer X None	(Associated) Broker or Dealer CRD Number X None			
Street Address 1	<b>Street Address 2</b>			
City State/I	Province/Country	ZIP/Postal Code		
State(s) of Solicitation (select all that apply) Check "All States" or check individual States  Fore	eign/non-US			
13. Offering and Sales Amounts				
Total Offering Amount \$50,820 USD or Indefinite Total Amount Sold \$50,820 USD				
· ,				
Total Remaining to be Sold \$0 USD or Indefinite				
· ,				
Total Remaining to be Sold \$0 USD or Indefinite  Clarification of Response (if Necessary):				
Total Remaining to be Sold \$0 USD or Indefinite  Clarification of Response (if Necessary):  14. Investors  Select if securities in the offering have been or may be sold to	ors who already have invested in the offering.  may be sold to persons who do not qualify as	1		
Total Remaining to be Sold \$0 USD or Indefinite  Clarification of Response (if Necessary):  14. Investors  Select if securities in the offering have been or may be sold to investors, and enter the number of such non-accredited investor Regardless of whether securities in the offering have been or response.	ors who already have invested in the offering.  may be sold to persons who do not qualify as	1		

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.	Lisa Conte	Lisa Conte	President	2022-04-26

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.