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**

OMB APPROVAL

OMB Number: 3235-0076
Estimated average burden
hours per response: 4.00

Notice of Exempt Offering of Securities

,				
1. Issuer's Identity				
	Previous	—		
CIK (Filer ID Number)	Names	None	Entity Type	
0001585608	Jaguar Anima	al Health, Inc.	X Corporation	
Name of Issuer			Limited Partnership	
Jaguar Health, Inc.			Limited Liability Company	
Jurisdiction of Incorporation/Or	ganization		General Partnership	
DELAWARE			Business Trust	
Year of Incorporation/Organiza	tion			
X Over Five Years Ago			Other (Specify)	
Within Last Five Years (Spe	ecify Year)			
Yet to Be Formed				
2. Principal Place of Business	s and Contact Information			
Name of Issuer				
Jaguar Health, Inc.				
Street Address 1		Street Address 2		
200 PINE STREET SUITE 400		Officer Address 2		
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer	
SAN FRANCISCO	CALIFORNIA	94104	415-371-8300	
		,	120 5 / 1 0500	
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/Co	ountry	ZIP/PostalCode	
San Francisco	CALIFORNIA		94104	
Relationship: X Executive Off	Relationship: X Executive Officer X Director X Promoter			
Clarification of Response (if Ne	cessary):			
Last Name	First Name		Middle Name	
Lizak	Carol			
Street Address 1	Street Address 2			
200 Pine Street, Suite 400				
City	State/Province/Co	ountry	ZIP/PostalCode	
San Francisco	CALIFORNIA		94104	
Relationship: $\overline{\mathbf{X}}$ Executive Off	icer Director Promoter			
Clarification of Response (if Neo	cessary):			
Last Name	First Name		Middle Name	
King	Steven			
Street Address 1	Street Address 2			
200 Pine Street, Suite 400				
City	State/Province/Co	ountry	ZIP/PostalCode	
San Francisco	CALIFORNIA		94104	
Relationship: X Executive Off	icer 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			
City	State/Province/Country	ZIP/PostalCode	
San Francisco	CALIFORNIA	94104	
Relationship: X Executive Officer Dir	rector 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	
San Francisco	CALIFORNIA	94104	
Relationship: Executive Officer X Dir	rector 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 Dir	rector Promoter		
Clarification of Response (if Necessary):			
Last Name	First Name	Middle Name	
Jayasuriya	Anula		
Street Address 1	Street Address 2		
Street Address 1 200 Pine Street, Suite 400	Street Address 2	7ID/DastalCada	
Street Address 1 200 Pine Street, Suite 400 City	Street Address 2 State/Province/Country	ZIP/PostalCode	
Street Address 1 200 Pine Street, Suite 400 City San Francisco	Street Address 2 State/Province/Country CALIFORNIA	ZIP/PostalCode 94104	
Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir	Street Address 2 State/Province/Country CALIFORNIA		
Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary):	Street Address 2 State/Province/Country CALIFORNIA rector Promoter	94104	
Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary): Last Name	Street Address 2 State/Province/Country CALIFORNIA rector Promoter First Name	94104 Middle Name	
Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary): Last Name Siegel	Street Address 2 State/Province/Country CALIFORNIA rector Promoter First Name Jonathan	94104	
Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Din Clarification of Response (if Necessary): Last Name Siegel Street Address 1	Street Address 2 State/Province/Country CALIFORNIA rector Promoter First Name	94104 Middle Name	
Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary): Last Name Siegel Street Address 1 200 Pine Street, Suite 400	Street Address 2 State/Province/Country CALIFORNIA rector Promoter First Name Jonathan Street Address 2	94104 Middle Name B.	
Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary): Last Name Siegel Street Address 1 200 Pine Street, Suite 400 City	Street Address 2 State/Province/Country CALIFORNIA rector Promoter First Name Jonathan Street Address 2 State/Province/Country	94104 Middle Name B. ZIP/PostalCode	
Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Din Clarification of Response (if Necessary): Last Name Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco	Street Address 2 State/Province/Country CALIFORNIA rector Promoter First Name Jonathan Street Address 2 State/Province/Country CALIFORNIA	94104 Middle Name B.	
Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary): Last Name Siegel Street Address 1 200 Pine Street, Suite 400 City	Street Address 2 State/Province/Country CALIFORNIA rector Promoter First Name Jonathan Street Address 2 State/Province/Country CALIFORNIA	94104 Middle Name B. ZIP/PostalCode	
Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Din Clarification of Response (if Necessary): Last Name Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco	Street Address 2 State/Province/Country CALIFORNIA rector Promoter First Name Jonathan Street Address 2 State/Province/Country CALIFORNIA	94104 Middle Name B. ZIP/PostalCode	
Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Din Clarification of Response (if Necessary): Last Name Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Din	Street Address 2 State/Province/Country CALIFORNIA rector Promoter First Name Jonathan Street Address 2 State/Province/Country CALIFORNIA	94104 Middle Name B. ZIP/PostalCode	
Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Din Clarification of Response (if Necessary): Last Name Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Din Clarification of Response (if Necessary):	Street Address 2 State/Province/Country CALIFORNIA rector Promoter First Name Jonathan Street Address 2 State/Province/Country CALIFORNIA	Middle Name B. ZIP/PostalCode 94104	
Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary): Last Name Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary): 4. Industry Group Agriculture	Street Address 2 State/Province/Country CALIFORNIA rector Promoter First Name Jonathan Street Address 2 State/Province/Country CALIFORNIA rector Promoter Health Care	Middle Name B. ZIP/PostalCode 94104	
Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary): Last Name Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary): 4. Industry Group Agriculture Banking & Financial Services	Street Address 2 State/Province/Country CALIFORNIA rector Promoter First Name Jonathan Street Address 2 State/Province/Country CALIFORNIA rector Promoter Health Care Biotechnology	Middle Name B. ZIP/PostalCode 94104	
Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary): Last Name Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary): 4. Industry Group Agriculture Banking & Financial Services Commercial Banking	Street Address 2 State/Province/Country CALIFORNIA rector Promoter First Name Jonathan Street Address 2 State/Province/Country CALIFORNIA rector Promoter Health Care	Middle Name B. ZIP/PostalCode 94104	
Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary): Last Name Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary): 4. Industry Group Agriculture Banking & Financial Services Commercial Banking Insurance	Street Address 2 State/Province/Country CALIFORNIA rector Promoter First Name Jonathan Street Address 2 State/Province/Country CALIFORNIA rector Promoter Health Care Biotechnology	Middle Name B. ZIP/PostalCode 94104 Retailing Restaurants	
Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary): Last Name Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary): 4. Industry Group Agriculture Banking & Financial Services Commercial Banking Insurance Investing	Street Address 2 State/Province/Country CALIFORNIA rector Promoter First Name Jonathan Street Address 2 State/Province/Country CALIFORNIA rector Promoter Health Care Biotechnology Health Insurance Hospitals & Physicians	Middle Name B. ZIP/PostalCode 94104 Retailing Restaurants Technology Computers	
Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship:	Street Address 2 State/Province/Country CALIFORNIA rector Promoter First Name Jonathan Street Address 2 State/Province/Country CALIFORNIA rector Promoter Health Care Biotechnology Health Insurance Hospitals & Physicians X Pharmaceuticals	Middle Name B. ZIP/PostalCode 94104 Retailing Restaurants Technology	
Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary): Last Name Siegel Street Address 1 200 Pine Street, Suite 400 City San Francisco Relationship: Executive Officer X Dir Clarification of Response (if Necessary): 4. Industry Group Agriculture Banking & Financial Services Commercial Banking Insurance Investing	Street Address 2 State/Province/Country CALIFORNIA rector Promoter First Name Jonathan Street Address 2 State/Province/Country CALIFORNIA rector Promoter Health Care Biotechnology Health Insurance Hospitals & Physicians	Middle Name B. ZIP/PostalCode 94104 Retailing Restaurants Technology Computers	

the Investment Company	Commercial	Airlines & Airports	
Act of 1940?	Commercial	Lodging & Conventions	
Yes No	Construction	Tourism & Travel Services	
Other Banking & Financial Services	REITS & Finance	Other Travel	
Business Services	Residential		
Energy	Other Real Estate	Other	
Coal Mining	Culci Neal Estate		
Electric Utilities			
Energy Conservation			
Environmental Services			
Oil & Gas			
Other Energy			
5. Issuer Size			_
Povonuo Pongo OP	Aggregate Net Agget V	Valua Danga	
Revenue Range OR No Revenues	Aggregate Net Asset V No Aggregate Net A	-	
\$1 - \$1,000,000	\$1 - \$5,000,000	COS. Faido	
\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,00	00 000	
\$5,000,001 - \$25,000,000	\$25,000,001 - \$25,00		
\$25,000,001 -			
\$100,000,000	\$50,000,001 - \$100		
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) Cla	imed (select all that apply	<u>()</u>	_
	Investment Comp	pany Act Section 3(c)	
Dula 504/5/42 (5-14 (2) (2))	Section 3(c)(1)	Section 3(c)(9)	
Rule 504(b)(1) (not (i), (ii) or (iii))			
Rule 504 (b)(1)(i) Rule 504 (b)(1)(ii)	Section 3(c)(2)	Section 3(c)(10)	
Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii)	Section 3(c)(3)	Section 3(c)(11)	
X Rule 506(b)	Section 3(c)(4)	Section 3(c)(12)	
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 2023-09-01	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	
	• Ш Ш		_
9. Type(s) of Securities Offered (select all tha	t apply)		_
X Equity		Pooled Investment Fund Interests	
Debt		Tenant-in-Common Securities	
Option, Warrant or Other Right to Acquire Ar	· <u>–</u>	Mineral Property Securities	
Security to be Acquired Upon Exercise of Op Right to Acquire Security	otion, Warrant or Other X	Other (describe)	
	Con	mmon Stock	
10. Business Combination Transaction			_
			_

Is this offering being made in connection with a business combination transaction, such as a

Clarification of Response (if Necessary):		
11. Minimum Investment		
Minimum investment accepted from any outside investor \$0 USI	D	
12. Sales Compensation		
Recipient	Recipient CRD Number X None	
(Associated) Broker or Dealer X None	(Associated) Broker or Dealer CRD Number X None	
Street Address 1	Street Address 2	
City	State/Province/Country	ZIP/Postal Code
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	Foreign/non-US	
13. Offering and Sales Amounts		
Total Offering Amount \$60,000 USD or Indefinite		
Total Amount Sold \$60,000 USD		
Total Remaining to be Sold \$0 USD or Indefinite		
Total Nemalining to be odd		
Clarification of Response (if Necessary):		
14. Investors		
Select if securities in the offering have been or may be sold enter the number of such non-accredited investors who alreaded Regardless of whether securities in the offering have been of the securities in the offering have been or may be sold enter the number of such as the securities in the offering have been or may be sold enter the number of such as the securities in the offering have been or may be sold enter the number of such non-accredited investors who alreaded in the securities in the offering have been or may be sold enter the number of such non-accredited investors who alreaded in the securities in the offering have been of the securities and the securities in the offering have been of the securities and the securities in the offering have been of the securities and the securities are securities are securities are securities are securities.	ady have invested in the offering. or may be sold to persons who do not qualify as accredited	1
investors, enter the total number of investors who already ha	ave invested in the offering:	
15. Sales Commissions & Finder's Fees Expenses		
Provide separately the amounts of sales commissions and finder an estimate and check the box next to the amount.	rs fees expenses, if any. If the amount of an expenditure is no	ot known, provide
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 be named as executive officers, directors or promoters in respon 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 to file this notice.	he Terms of Submission below before signing and clicking	ng SUBMIT below

| |Yes|X|No

Terms of Submission

In submitting this notice, each issuer named above is:

merger, acquisition or exchange offer?

- 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 A. Conte	Lisa A. Conte	President	2023-11-30

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.