SEC For	m 4																	
FORM 4 UNITED				STAT	TATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549										OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					oursuant	t to Se	ction 16(a	a) of the Secu	rities Exchan		COMB Number: 3235 Estimated average burden hours per response:			0.5				
1. Name and Address of Reporting Person* King Steven R.					2. Issuer Name and Ticker or Trading Symbol Jaguar Health, Inc. [JAGX]							eck all applic Directo	cable)	10% Owne				
	Last) (First) (Middle) C/O JAGUAR HEALTH, INC. 200 PINE STREET, SUITE 400				3. Date of Earliest Transaction (Month/Day/Year) 12/27/2022							X below) below) Chief of Sustainable Supply						
(Street) SAN FRANCISCO CA 94104					4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S		(Zip)	Dorivat	ivo Sa		tion Ar	auirod Di	icnocod o	f or Po	noficial							
Date				2. Transact	ction 2A. Deemed Execution Dat		eemed ition Date	a, 3. 4. Secur Transaction Dispose Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code V	Amount	(A) or (D)	Price	Transact (Instr. 3 a			`			
		-	Table II - D (e					uired, Dis s, options,				Owned						
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution E ty or Exercise (Month/Day/Year) if any		3A. Deemed Execution Da if any (Month/Day/Y	Date, Transact Code (Ins				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	s Ily I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Cod	ie V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares							
Employee Stock Option (right to buy)	\$5.97	12/27/2022		D			42,223	(2)	04/05/2031	Common Stock	42,223	\$0	0 ⁽¹⁾		D			

Explanation of Responses:

1. The option was cancelled by mutual agreement of the reporting person and Jaguar Health, Inc. The reporting person received \$300 as consideration for the cancellation.

2. The option will vest ratably on a monthly basis over 36 months from the grant date, so long as the executive remains employed by the issuer.

/s/ Steven R. King	12/28/2022				
** 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 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.