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 3235-Number: 0076

Estimated average

burden

Entity Type

hours per response:

4.00

1. Issuer's Identity

CIK (Filer ID Number)

Previous Names

None

X Corporation

0001585608

Jaguar Animal Health, Inc.

Name of Issuer

Limited Partnership

Jurisdiction of

Limited Liability Company General Partnership

Incorporation/Organization

Business Trust Other (Specify)

DELAWARE

Jaguar Health, Inc.

Year of Incorporation/Organization

X Over Five Years Ago

Within Last Five Years (Specify Year)

Yet to Be Formed

Name of Issuer

2. Principal Place of Business and Contact Information

Jaguar Health, Inc.

Street Address 1

Street Address 2

201 MISSION STREET, SUITE 2375

City

State/Province/Country

ZIP/PostalCode

Phone Number of Issuer

SAN FRANCISCO

CALIFORNIA

94105

415-896-5081

3. Related Persons

Last Name

First Name

Middle Name

Conte

Lisa

Street Address 1

Street Address 2

201 Mission Street, Suite 2375

City

State/Province/Country

ZIP/PostalCode

San Francisco

CALIFORNIA

94105

Relationship: X Executive Officer X Director X Promoter

Clarification of Response (if Necessary):

Last Name

First Name

Middle Name

Bochnowski

James

J.

Street Address 1

Street Address 2

201 Mission Street, Suite 2375

City

State/Province/Country

ZIP/PostalCode

San Francisco Relationship: Executive Officer X Director Promoter

CALIFORNIA

94105

Clarification of Response (if Necessary):

Last Name **First Name** Middle Name Oui Jiahao **Street Address 1 Street Address 2** 201 Mission Street, Suite 2375 ZIP/PostalCode City **State/Province/Country CALIFORNIA** 94105 San Francisco 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** 201 Mission Street, Suite 2375 City State/Province/Country ZIP/PostalCode San Francisco **CALIFORNIA** 94105 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): Last Name **First Name** Middle Name Wright Karen S. **Street Address 2 Street Address 1** 201 Mission Street, Suite 2375 City **State/Province/Country** ZIP/PostalCode **CALIFORNIA** 94105 San Francisco **Relationship:** X Executive Officer Director Promoter Clarification of Response (if Necessary): **Last Name First Name** Middle Name King Steven R. **Street Address 1 Street Address 2** 201 Mission Street, Suite 2375 **State/Province/Country** ZIP/PostalCode City San Francisco **CALIFORNIA** 94105 Relationship: X Executive Officer Director Promoter Clarification of Response (if Necessary): **Last Name** First Name Middle Name MacNaughtan Murray David **Street Address 1 Street Address 2** 201 Mission Street, Suite 2375 ZIP/PostalCode City **State/Province/Country** San Francisco **CALIFORNIA** 94105 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** 201 Mission Street, Suite 2375 ZIP/PostalCode City State/Province/Country San Francisco **CALIFORNIA** 94105

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Street Address 2

ZIP/PostalCode

Siegel Jonathan B.

Street Address 1

201 Mission Street, Suite 2375

City **State/Province/Country**

San Francisco **CALIFORNIA** 94105

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name **First Name** Middle Name

Johnson Jeffrey

> **Street Address 1 Street Address 2**

280 Park Avenue, 3rd Floor West

ZIP/PostalCode City **State/Province/Country**

NEW YORK 10017 New York

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name **First Name** Middle Name

Jeffrey Johnson B.

> **Street Address 1 Street Address 2**

201 Mission Street, Suite 2375

City State/Province/Country ZIP/PostalCode

San Francisco **CALIFORNIA** 94105

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

4. Industry Group

Agriculture Health Care Retailing Banking & Financial Services Biotechnology Restaurants Commercial Banking Health Insurance Technology

Insurance Hospitals & Physicians Computers Investing

X Pharmaceuticals **Telecommunications Investment Banking**

Pooled Investment Fund Other Health Care Other Technology

Is the issuer registered as Manufacturing Travel

an investment company under Real Estate Airlines & Airports the Investment Company

Commercial Act of 1940? Lodging & Conventions Construction Yes No Tourism & Travel Services

Other Banking & Financial Services **REITS & Finance** Other Travel

Business Services Residential

Other Energy Other Real Estate

Energy Conservation Environmental Services

Coal Mining

Electric Utilities

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)	Section 3(c)(2)	Section 3(c)(10)	
Rule 504 (b)(1)(ii)	Section 3(c)(3)	Section 3(c)(11)	
Rule 504 (b)(1)(iii) 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 2018-08-28 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

9. Type(s) of Securities Offered (select all that apply)

Equity Pooled Investment Fund Interests
Debt Tenant-in-Common Securities

X Option, Warrant or Other Right to Acquire Another Security Mineral Property Securities

X Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security X Other (describe)

Warrant to purchase common stock and the underlying common stock issuable upon exercise thereof.

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?

Yes X No

Clarification of Response (if Necessary):

11. Minimum Investment

Minimum investment accepted from any outside investor \$0 USD

12. Sales Compensation

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

All States Foreign/non-US

13. Offering and Sales Amounts

Total Offering Amount \$569,998 USD or Indefinite

Total Amount Sold \$569,998 USD

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 persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering.

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

1

15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

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.	/s/ Karen S. Wright	Karen S. Wright	Chief Financial Officer	2018-09-19

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.