

OMB APPROVAL	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* MICEK JOHN (Last) (First) (Middle) C/O JAGUAR HEALTH, INC. 201 MISSION STREET, SUITE 2375 (Street) SAN FRANCISCO CA 94105 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol Jaguar Health, Inc. [JAGX]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 03/12/2018	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Stock Option (right to buy) ⁽¹⁾⁽²⁾	\$8.4	03/12/2018 ⁽³⁾		A		38,643		(4)	08/02/2027	Common Stock	38,643	\$0	38,643	D	
Stock Option (right to buy) ⁽¹⁾⁽²⁾	\$2.39	06/01/2018 ⁽⁵⁾		A		146,804		(6)	05/14/2028	Common Stock	146,804	\$0	146,804	D	

Explanation of Responses:

- Granted pursuant to the Issuer's 2014 Equity Incentive Plan
- All share numbers and the exercise price reflect the 1-for-15 reverse stock split effected on June 1, 2018.
- The option grant was approved by the Issuer's board of directors on August 2, 2017, subject to shareholder approval of the amendment to the 2014 Stock Incentive Plan. The Issuer's shareholders approved the amendment on March 12, 2018.
- Vests in equal monthly installments, beginning August 2, 2017, such that it is vested in full on the 3-year anniversary of the grant date.
- The option grant was approved by the Issuer's board of directors on May 14, 2018, subject to the stockholders approving and effecting a reverse stock split. The Issuer's shareholders approved the reverse stock split on May 18, 2018 and effected such stock split on June 1, 2018.
- Vests in equal monthly installments, beginning on May 14, 2018, such that it is vested in full on the 3-year anniversary of the grant date.

/s/ Karen S. Wright, Attorney-in-Fact 06/06/2018

** 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.