FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

	Check this box if no longer subject to
)	Section 16. Form 4 or Form 5
J	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* Siegel Jonathan B.					2. Issuer Name <b>and</b> Ticker or Trading Symbol Jaguar Health, Inc. [ JAGX ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)					
													X	Director			10% Ow	ner
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)									Officer ( below)	give title		Other (s below)	pecify
C/O JAGUAR HEALTH, INC.				ال	06/01/2018													
201 MIS	SION STRI	EET, SUITE 237	<b>'</b> 5															
(0)				—   <sup>4.</sup>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SAN													X	Form fil	ed by One	Repo	rting Person	
FRANCI	ISCO C.	A	94105											Form filed by More than C Person			One Report	ing
(City)	(S	tate)	(Zip)															
		Ta	ble I - Non-Do	erivati	ve Se	ecurities	s Ac	quired, I	Disp	osed o	f, or Be	neficia	ally (	Owned				
1. Title of Security (Instr. 3)  2. Trans: Date (Month/L				е	Exe Day/Year) if a		2A. Deemed Execution Date, f any (Month/Day/Year		Code (Instr.				and 5) Securitie Beneficia Owned F		s F ally (I ollowing (I	Form:	: Direct I Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	Amount (A)		е	Reported Transaction (Instr. 3 a	on(s)		1	Instr. 4)
			Table II - Der (e.g					uired, Di s, option						wned				
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)			3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						(A)			Т			Amoun	t		Transaction(s) (Instr. 4)	on(s)		
				Code	v		(D)	Date Exercisable		Expiration Date	Title	or Numbe of Shar						
Stock Option (right to buy) <sup>(1)(2)</sup>	\$2.73	06/01/2018 <sup>(3)</sup>		A		104,860		(4)	04	4/12/2028	Common Stock	104,8	60	\$0	104,86	50	D	

## **Explanation of Responses:**

- 1. Granted pursuant to the Issuer's 2014 Equity Incentive Plan
- 2. All share numbers and the exercise price reflect the 1-for-15 reverse stock split effected on June 1, 2018.
- 3. The option grant was approved by the Issuer's board of directors on April 12, 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.
- 4. Vests in equal monthly installments, beginning on May 1, 2018, such that it is vested in full on the 3-year anniversary of the grant date.

/s/ Karen S. Wright, Attorneyin-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.