FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL

OMB Number: Estimated average burden

Check this box if no longer subject to Section 16. Form 4 or Form 5

	ns may contin on 1(b).			Filed	d pursu or S	ant ecti	to Sectio	n 16(a) of the I) of the S Investme	ecuriti nt Cor	es Exchanç npany Act o	ge A	ct of 19 140	34			hour	s per r	esponse:	0.5
Name and Address of Reporting Person* 2. Iss						2. Issuer Name and Ticker or Trading Symbol Jaguar Health, Inc. [JAGX]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (city title) Other (specific				Owner	
(Last) (First) (Middle) 23622 CALABASAS ROAD, SUITE 200					3. Date of Earliest Transaction (Month/Day/Year) 10/04/2018									Officer (give title X Other (specify below) Former 10% Owner						
(Street) CALABASAS CA 91302				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person							
(City)					e Securities Acquired, Disposed of, or Benefic									cially Owned						
1. Title of Se	ecurity (Inst		16 1 - 140	2. Transac Date (Month/Da	ction) 2 E	2A. Deem Execution f any Month/Da	ed Date,	3. Transa Code (ction	4. Securiti Disposed 5)	ies A	cquired	l (A) or		5. Amor Securiti Benefic Owned	unt of es ially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount		(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common S	Stock															41	6,667		I	By EZ MM&B Holdings, LLC
Common S	Stock															1,25	50,000		I	By Bryan Ezralow 1994 Trust u/t/d December 22, 1994
		Ti									sed of, onvertib					wned				
1. Title of Derivative Security (Instr. 3) 2. Conversio or Exercis Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date, Transa Code (I				6. Date Exerci Expiration Dat (Month/Day/Ye		е	Am Sec Und Der Sec	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Der Sec	rice of ivative curity tr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	or Nu of	ımber						
1. Name and Ezralow		Reporting Person*																		
(Last) 23622 CA	LABASA	(First) S ROAD, SUIT	(Mid E 200	dle)																
(Street)	SAS	CA	913	02		-														
(City)		(State)	(Zip)			_														

(Last)

<u>1994</u>

(First)

Bryan Ezralow 1994 Trust dated December 22,

(Middle)

23622 CALABASAS ROAD

1. Name and Address of Reporting Person^*

SUITE 200

(Street)

CALABASAS	CA	91302				
(City)	(State)	(Zip)				

Explanation of Responses:

Remarks:

Following the closing of the Issuer's underwritten public offering on October 4, 2018, 21,103,104 shares of voting common stock were issued and outstanding. As a result, the Reporting Persons are no longer 10% owners of the equity securities of the Issuer. As a result, the Reporting Persons are no longer subject to Section 16 in connection with their transactions in the equity securities of the Issuer and therefore will no longer report any such transactions on Form 4 or Form 5.

/s/ Bryan Ezralow 10/12/2018
/s/ Bryan Ezralow, Trustee of
Bryan Ezralow 1994 Trust 10/12/2018
dated December 22, 1994
** 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.