Edgar Filing: JOHNSON JEFFERY C. - Form 4

JOHNSON JEI Form 4	FFERY C.									
June 06, 2018	Л								PPROVAL	
	UNITED	STATES		RITIES A shington			E COMMISSIO	N OMB Number:	3235-0287	
Check this b if no longer subject to Section 16. Form 4 or	F CHAN	NGES IN SECUI	Expires: Estimated burden hou response	urs per						
Form 5 obligations may continu <i>See</i> Instructi 1(b).	e. Section 17	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section								
(Print or Type Res	ponses)									
1. Name and Address of Reporting Person <u></u> JOHNSON JEFFERY C.			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
			Jaguar Health, Inc. [JAGX]				(Check all applicable)			
(Last) (First) (Middle) C/O JAGUAR HEALTH, INC., 201 MISSION STREET, SUITE 2375			3. Date of Earliest Transaction (Month/Day/Year) 06/01/2018			X_ Director 10% Owner Officer (give title Other (specify below) below)				
				Applicable Li _X_ Form file			Applicable Line) _X_ Form filed by	or Joint/Group Filing(Check) by One Reporting Person by More than One Reporting		
SAN FRANCI	ISCO, CA 941	05					Person		epotting	
(City)	(State)	(Zip)	Tab	ole I - Non-J	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
	Transaction Date Ionth/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Securit inAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D)	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)	
Reminder: Report	on a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned directly	or indirectly.			
					inforn requi	nation con red to resp ays a curre	spond to the colle tained in this forr ond unless the fo ntly valid OMB co	n are not orm	SEC 1474 (9-02)	

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A Disposed of (Instr. 3, 4, 5)	f (D)				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy) (1) (2)	\$ 2.73	06/01/2018 <u>(3)</u>		A		104,860		<u>(4)</u>	04/12/2028	Common Stock	104,860

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
JOHNSON JEFFERY C. C/O JAGUAR HEALTH, INC. 201 MISSION STREET, SUITE 2375 SAN FRANCISCO, CA 94105	Х					
Signatures						

/s/ Jeffery	
Johnson	06/06/2018
<u>**</u> Signature of	Date
Reporting Person	

Explanation of Responses:

- * 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).
- (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.

The option grant was approved by the Issuer's board of directors on April 12, 2018, subject to the stockholders approving and effecting a (3) 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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.