

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

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *					2. I	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
BLASZYK MICHAEL D					Na	NantHealth, Inc. [ NH ]								•				
(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)								X _ Director10% OwnerOfficer (give title below)Other (specify below)					
C/O NANTHEALTH, INC., 9920 JEFFERSON BLVD.						9/6/2018												
	(Stre	et)			4. I	f An	nendme	nt, Date C	rigiı	nal File	d (MM/DI	D/YYY	(Y) 6. Individual	or Joint/G	roup Filing	(Check Appl	icable Line)	
CULVER CITY, CA 90232 (City) (State) (Zip)														X Form filed by One Reporting Person Form filed by More than One Reporting Person				
			Table	I - No	n-Der	ivati	ive Seci	ırities Ac	quir	ed, Di	sposed o	f, or	Beneficially Owi	ied				
1. Title of Security (Instr. 3)				2. Trans							4. Securities Acquired (or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Beneficial Ownership		
								Code	V	Amour	(A) or (D)	Pric	e			or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock (1) 9/6/20				018			A		45002 (2)	A	\$0.00	95870		D				
Common Stock (1) 9/6/2018				018	:		A		52910 (3)	A	\$0.00	148780		D				
	Tabl	le II - Der	ivative	Secur	ities I	Bene	ficially	Owned (	e.g.	, puts,	calls, wa	arrar	its, options, conv	ertible sec	curities)			
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Dee Execution Date, if a	on (I	Trans. nstr. 8)	Acquire Dispose		ve Securities E		Date Exercisable and piration Date		Secur Deriv	e and Amount of ities Underlying ative Security 3 and 4)	8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security				Code	v	(A)	(D)	Date Exer	e rcisable	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)		

## **Explanation of Responses:**

- (1) Each restricted stock unit ("RSU") is the economic equivalent of one share of NantHealth, Inc. common stock.
- (2) Subject to the Reporting Person's continuing to be a service provider (as defined in the 2016 Equity Incentive Plan) through each applicable vesting date, 33,751 RSUs shall be vested as of September 6, 2018, and the remaining 11,251 RSUs shall vest in installments as follows: 3,750 RSUs shall vest on each of December 7, 2018 and March 7, 2019, and 3,751 RSUs shall vest on June 7, 2019.
- (3) The RSUs shall vest on the earlier of (i) the one year anniversary of the date the RSU award is granted, or (ii) the day prior to the date of the Company's next annual meeting of the Company's stockholders, in each case, subject to the Reporting Person's continuing to be a service provider (as defined in the 2016 Equity Incentive Plan) through the applicable vesting date.

#### **Reporting Owners**

Paparting Owner Name / Address	10	Relationships						
Reporting Owner Name / Addres	Director	10% Owner	Officer	Other				
BLASZYK MICHAEL D								
C/O NANTHEALTH, INC.	X							
9920 JEFFERSON BLVD.	Λ.							
CULVER CITY, CA 90232								

### **Signatures**

/s/ Charles Kim, as Attorney-in-Fact 9/7/201

\*\* 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 control number.