FORM 4	
--------	--

[] 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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
Louks Ronald Allen	NantHealth, Inc. [NH]	
(Last) (First) (Middle)	3. Date of Earliest Transaction (MM/DD/YYYY)	Director 10% Owner X Officer (give title below) Other (specify below)
C/O NANTHEALTH, INC., 9920 JEFFERSON BLVD.	7/6/2018	Chief Operating Officer
(Street)	4. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable 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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

				-				-		
1. Title of Security (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	(Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial
									Direct (D) or Indirect	Ownership (Instr. 4)
			~ .			(A) or			(I) (Instr.	(
			Code	V	Amount	(D)	Price		4)	
Common Stock	7/6/2018		М		10000	Α	<u>(1)</u>	177391	D	
Common Stock	7/6/2018		F		4251	D	\$3.54	173140	D	
Common Stock	7/6/2018		s (2)		5749	D	\$3.54	167391	D	
									-	

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

1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. ((Instr. 8)		Derivat Acquire	ber of tive Securities ed (A) or ed of (D)		Date	7. Title and A Securities Un Derivative Se (Instr. 3 and	nderlying ecurity	Derivative Security		Ownership Form of	11. Nature of Indirect Beneficial Ownership
	Derivative Security			Code	V	(Instr. 3 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Following	Direct (D) or Indirect	(Instr. 4)
Restricted Stock Units	<u>(1)</u>	7/6/2018		М			10000	<u>(2)</u>	<u>(2)</u>	Common Stock	10000	\$0.00	30000	D	

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, 40,000 RSUs vested on October 6, 2017, with the remaining 120,000 RSUs to vest monthly in equal amounts for 12 months, beginning on November 6, 2017. Upon vesting, the issuer will withhold shares sufficient to satisfy tax withholding obligations; the issuer will then be responsible for remitting a cash payment for the related withholding taxes; and the issuer will issue to the Reporting Person a net lower number of shares. In addition, upon vesting, the issuer and the Reporting Person have agreed that the issuer will repurchase the remaining shares at the then current market value.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Louks Ronald Allen C/O NANTHEALTH, INC. 9920 JEFFERSON BLVD. CULVER CITY, CA 90232			Chief Operating Officer				

Signatures

s/ Brandon Villery, as Attorney-in-Fact	7/9/2018

Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Date

- * 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.