

[] 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. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise	3. Trans. Date	3A. Deem Execution Date, if an			Derivati	ive Securities					Underlying	Derivative	derivative Securities	Ownership Form of	
	Tah	le II - Deri					y Owned (7 A	, calls, v		options, conve		9. Number of	10.	11. Nature
Common Stock			1	1/8/2018			S		6175	D	\$3.52 (3)		79690		D	
Common Stock 1/8/2018				1/8/2018			F		3825	D	\$3.52	85865 D		D		
Common Stock 1/8/2018				1/8/2018			M		10000	A	<u>(1)</u>		89690		D	
					Date, i	f any	Code	V	(Instr. 3	(A) or (D)	Price	(Instr. 3 and 4)			Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
1.Title of Security (Instr. 3)					2A. De Execut	eemed tion	3. Trans. Coo (Instr. 8)		4. Secur Dispose	rities Acqui	ired (A) or	neficially Owners 5. Amount of Securi Following Reported	ties Benefici		6. Ownership	
(City) (State) (Zip)												_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
CULVER C		,		4.	II AI	nenam	eni, Date (лıgı	iiai Fii	eu (MM/I	(אילטל			_	Спеск Аррі	icable Line)
JEFFERSU	(Stre			4	If An	nandm	ent, Date ()riai	nol Eil	od anv	ND (4/4/4/4)	6. Individual o	r Ioint/C	roun Eiling	(Cl1- A1	: - 1.1 - T : \
C/O NANTHEALTH, INC., 9920 JEFFERSON BLVD.					1/8/2018							Cniei Operat	ing Ome	er		
(Last) (First) (Middle)				3.	5. Date of Eathest Hallsaction (MM/DD/1 YYY)							X Officer (give title below) Other (specify below) Chief Operating Officer				
					NantHealth, Inc. [NH] 3. Date of Earliest Transaction (MM/DD/YYYY)							Director 10% Owner				
						T 1/1						(Check all app	olicable)			
			1. Name and Address of Reporting Person *				2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer			

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 shall vest 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.
- (3) Pursuant to the terms of the grant, the Issuer repurchased the shares at a price per share equal to the closing price on the date of vesting.

Reporting Owners

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

Signatures

/s/ Charles Kim, as Attorney-in-Fact

1/9/2018

** 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 control number.