

**FORM 3**UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549OMB APPROVAL  
OMB Number: 3235-0104  
Estimated average burden  
hours per response... 0.5**INITIAL STATEMENT OF 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. Date of Event Requiring Statement (MM/DD/YYYY)	3. Issuer Name and Ticker or Trading Symbol
<b>HOLT PAUL</b>	<b>6/1/2016</b>	<b>NantHealth, Inc. [NH]</b>
(Last) (First) (Middle)	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)	
<b>C/O NANTHEALTH, INC., 9920 JEFFERSON BLVD.</b>	<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <b>Chief Financial Officer /</b>	
(Street)	5. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line)
<b>CULVER CITY, CA 90232</b>	<b>6/1/2016</b>	<input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
(City) (State) (Zip)		

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)

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

1. Title of Derivate Security (Instr. 4)	2. Date Exercisable and Expiration Date (MM/DD/YYYY)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
<b>Phantom Units</b>	(1) (2)	(1) (2)	<b>Common Stock</b>	<b>113659</b>	(3)	<b>D</b>	
<b>Phantom Units</b>	(1) (4)	(1) (4)	<b>Common Stock</b>	<b>31795</b>	(3)	<b>D</b>	

**Explanation of Responses:**

- (1) The original filed form 3 reported an incorrect vesting schedule. This vesting schedule was also incorrectly reported on a Form 4 filed on June 9, 2016.
- (2) Subject to the reporting person's continuing service, one-half (1/2) of the phantom units held by the reporting person shall vest on the June 7, 2016 (the "Vesting Commencement Date"), and the remaining phantom units held by the reporting person shall vest in equal amounts each year on the same day of the month as the Vesting Commencement Date, such that the phantom units shall fully vest into shares of common stock on the fourth (4th) anniversary of the Vesting Commencement Date.
- (3) Each phantom unit is the economic equivalent of one share of NantHealth, Inc. common stock.
- (4) Subject to the reporting person's continuing service, one-half (1/2) of the phantom units held by the reporting person shall vest on the June 7, 2016, and the remaining phantom units held by the reporting person shall vest in equal amounts each year beginning on May 1, 2017, such that the phantom units shall fully vest into shares of common stock on May 1, 2020.

**Reporting Owners**

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
<b>HOLT PAUL C/O NANTHEALTH, INC. 9920 JEFFERSON BLVD. CULVER CITY, CA 90232</b>			<b>Chief Financial Officer</b>	

## Signatures

/s/ Charles Kim as Attorney-in-Fact

8/25/2017

           \*\*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 5(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.