FORM 4

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

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

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

(Print or Type Responses)			2. Issuer Name and Ticker or Trading Symbol Rennova Health, Inc. [RNVA]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last) (First) (Middle) 116 QUINCY COURT			3. Date of Earliest Transaction (Month/Day/Year) 08/05/2016							Officer (give	title below)		o Owner er (specify belov	/)	
(Street) MOORESVILLE, NC 28117				4. If Amendment, Date Original Filed(Month/Day/Year)						-	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person				
(Cit	(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui						ired, Disposed of, or Beneficially Owned				
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)) any	eemed tion Date, if h/Day/Year)	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		of (D)				Ownership Form:	Beneficial Ownership	
			(Monun/Day/ Fea		Cod	e V	Amount (A) or (D)		Price	(msu. 3 and 4					
Common	Stock		08/05/2016			<u>J(1)</u>		737,399	A	\$ 0.45 (1)	2,593,058			D	
Series B	Convertible	e Preferred Stock									1,000			D	
Reminder:	Report on a	separate line for each	h class of securities	beneficia	ally owned d	irectly o	_	•	resnon	d to th	e collection	of informa	tion contain	and SEC	474 (9-02)
Reminder:	Report on a s	separate line for each	Table II -	Derivat	ive Securiti	es Acqu	Perso in this displa ired, Disp	ns who form a ys a cu	re not r rrently or Bene	equired valid O	e collection d to respond MB control i	unless the		ned SEC	474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II - 3A. Deemed Execution Date, if	Derivat (e.g., pu 4. Transac Code	ive Securiti ts, calls, wa 5. Num Deriva Securit	es Acqu rrants, iber of tive ies ed (A) osed	Perso in this displa ired, Disp	ns who is form and anys a cum posed of, convertible exercisable in Date	re not r rrently or Bene le secur	required valid O eficially rities) 7. Title of Und Security	d to respond MB control i Owned	unless the number.	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	Of 10. Ownersl Form of Derivati Security Direct (I or Indirects)	11. Nature of Indirection of Indirection Owners (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if any	Derivat (e.g., pu 4. Transac Code	ive Securiti ts, calls, wa 5. Num tion Deriva Securit Acquir or Disp of (D) (Instr. 2	es Acquerrants, liber of tive ies ed (A) loosed	Perso in this displa ired, Disp options, c 6. Date E: Expiration	ns who is form an all states of the states o	re not r rrently or Bene le secur e and	required valid O eficially rities) 7. Title of Und Security	d to respond MB control in Owned e and Amount derlying ties	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	Of 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Nature of Indirection of Indirection Owners (Instr. 4)

Reporting Owners

B	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Mendolia Thomas Francis DO 116 QUINCY COURT MOORESVILLE, NC 28117		X					

Signatures

/s/ Thomas Francis Mendolia DO	08/25/2016
Signature of Reporting Person	Date

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) The Reporting Person received the shares and warrants in exchange for the cancellation of certain outstanding indebtedness.

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.