# FORM 4

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

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

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 Ty	pe Response	es)																
1. Name and Address of Reporting Person * Adams Jason					2. Issuer Name and Ticker or Trading Symbol Rennova Health, Inc. [RNVA]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 11663 SUNRISE VIEW LANE					3. Date of Earliest Transaction (Month/Day/Year) 07/14/2016								X Officer (give title below) Other (specify below)  Chief Financial Officer					
(Street)				4. If .	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					
WELLIN	GTON, FI	_ 33449										_		d by More than	One reporting	r crson		
(City	)	(State)	(Zip)		Т	ab	le I - Non	-Der	rivative S	Securitie	s Ac	quir	ed, Dispo	osed of, or l	Beneficially	Owned		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Year		if	3. Transac Code (Instr. 8)	(A) or I		rities Acquired Disposed of (D) 3, 4 and 5)		D)			ollowing (s)	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
				(Wioni	ш Бау теа		Code	V	Amount	(A) or t (D)	Pri	ce				or Indirect (I) (Instr. 4)	^	
Common	Stock		07/14/2016				P		1,160	A	\$ 0.28	301	1,725			D		
	Conversion	3. Transactio Date (Month/Day/	n 3A. Deemed Execution D	( <i>e.g.</i> , pr	uts, calls, v	wai	rrants, op 5. Number	the ed, E tions 6. 1	Disposed s, conver	of, or Be tible sec reisable ion Date	a cuenefi	irrer iciall ies) 7. Tir Amo	ntly valid	8. Price of	9. Number Derivative Securities	of 10.	02)  11. Nature of Indirect Beneficial	
(Instr. 3) Price of Derivative Security		e of ivative	(Month/Day	/Year)	(Instr. 8)		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				(	Securities (Instr. 3 and 4)		(Instr. 5)	Beneficially Owned Following Reported Transaction (Instr. 4)	Security: Direct (I or Indire	(Instr. 4)	
					Code V	V	(A) (D)	Da Ex	te ercisable	Expirati Date	on ,	Title	Amount or Number of Shares					
Repor	ting O	wners															1	
				P	elationship	ns												
Reporting	Owner Na	me / Address	Director 10% C		Officer	r's			Other									
		IEW LANE - 33449			Chief Fi	naı	ncial Off	icer										

### **Signatures**

/s/ Jason Adams	07/15/2016
**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).

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.