FORM 4

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

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

OMB APPRO	VAL			
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ours per response	0.5			

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) 1. Name and Address of Reporting Person *- Lagan Seamus (Last) (First) (Middle) 400 SOUTH AUSTRALIAN AVENUE, 8TH FLOOR (Street)					2. Issuer Name and Ticker or Trading Symbol Rennova Health, Inc. [RNVA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner				
				3. Date of Earliest Transaction (Month/Day/Year) 05/02/2016							X_ DirectorX_10% Owner X_ Officer (give title below) Other (specify below) CEO and President				
				4. If A	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person X_ Form filed by More than One Reporting Person				
WEST PALM BEACH, FL 33401 (City) (State) (Zip)			-												
1.Title of Security 2. Transaction			2 A	<u> </u>						ired, Disposed of, or Beneficially Owned 5. Amount of Securities Beneficially 6. 7. Nature				Nature	
(Instr. 3) Date			Execution Date, it		n Date, if (8) (A	(A) or	of (D) Ov	wned Following ransaction(s) nstr. 3 and 4)			Ownership or Form:	of Indirect Beneficial Ownership	
							Coo	de V Ai	nount (D)	Price				(Instr. 4)	
		3. Transaction Date Execution Date, if (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 8)				in this form are not required a currently valid OMB consequence. Acquired, Disposed of, or Beneficial ants, options, convertible securities) of 6. Date Exercisable and Expiration Date (Month/Day/Year) (Insequence)			to respond unless the form displays of number. Owned and Amount of ying Securities 3 and 4) (Instr. 5) Beneficially Owned 10. Ownership Securities Form of Beneficially Owned Security: Owned			174 (9-02)			
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative	Date	Execution Date, if any	4. Transac Code	ction	5. Number Derivative Securities Acquired (Disposed of	of A) or of (D)	6. Date Exer Expiration D	cisable and late	7. Title a	ing Securities	Derivative Security	Derivative Securities Beneficially Owned	Ownership Form of Derivative Security:	(Instr. 4)
Derivative Security	Conversion or Exercise Price of	Date	Execution Date, if any	4. Transac Code	ction	5. Number Derivative Securities Acquired (of A) or of (D)	6. Date Exer Expiration D	cisable and late	7. Title a Underlyi	ing Securities	Derivative Security	Derivative Securities Beneficially	Ownership Form of Derivative Security: Direct (D) or Indirect	of Indire Beneficia Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative Security	Date	Execution Date, if any	4. Transac Code (Instr. 8	etion B)	5. Number Derivative Securities Acquired (Disposed of (Instr. 3, 4, 5)	of A) or of (D) and (D)	6. Date Exer Expiration D (Month/Day) Date Exercisable	cisable and late (Year) Expiration	7. Title a Underlyi (Instr. 3 a	Amount or Number of Shares	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction	Ownership Form of Derivative Security: Direct (D) or Indirect (s) (I) (Instr. 4)	of Indire Beneficia Ownersh (Instr. 4)

Reporting Owners

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Lagan Seamus 400 SOUTH AUSTRALIAN AVENUE, 8TH FLOOR WEST PALM BEACH, FL 33401	X	X	CEO and President			
Alcimede LLC 400 S. AUSTRALIAN AVE, 8TH FLOOR WEST PALM BEACH, FL 33401				Affiliated		

Signatures

/s/ Seamus Lagan	05/20/2016
**Signature of Reporting Person	Date
Alcimede LLC, By: /s/ Seamus Lagan, Sole Manager	05/20/2016
**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).

Remarks:

Exhibit List - Exhibit 99 - Joint Filer Information

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.

Form 4 - Joint Filer Information	
Name:	Alcimede LLC
Address:	400 South Australian Avenue, 8th Floor West Palm Beach, FL 33401
Designated Filer:	Seamus Lagan
Issuer & Ticker Symbol:	Rennova Health, Inc. (RNVA)
Date of Earliest Transaction Required to be Reported (Month/Day/Year):	May 2, 2016
Relationship of Reporting Person to Issuer:	10% Owner
Individual or Joint/Group Filing:	Form filed by More than One Reporting Person
Signature:	Alcimede LLC

By: <u>/s/ Seamus Lagan</u> Seamus Lagan, Sole Manager