FORM 4

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

OMB APPRO	OVAL
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)																	
Name and Address of Reporting Person * Ajami Kamran					2. Issuer Name and Ticker or Trading Symbol Rennova Health, Inc. [RNVA]								5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 400 S. AUSTRALIAN AVE., SUITE 800					3. Date of Earliest Transaction (Month/Day/Year) 03/06/2018										(give title belo	ow)	Other (specify b	elow)	
(Street) WEST PALM BEACH, FL 33401				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					
(City		(State)	(Zip)			Tal	ble I - 1	Non-	Deri	vative S	ecuriti	ies A	cquir	ired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)				2A. Deemed Execution Date, if any (Month/Day/Year		_	f Code (Instr. 8)		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)			sed of (D) Bene d 5) Repo		Beneficia Reported	Amount of Securities eneficially Owned Following eported Transaction(s)		Ownership o Form:	7. Nature of Indirect Beneficial	
				(Mon	tn/Day/Y	ear)	Coc	le	V	Amou		A) or D)	Price	(I)		or Indirect	Ownership (Instr. 4)		
Common	Stock		03/06/2018				A			3,333,3 (1)	333 A		\$ 0	3,334,6	,334,615		D		
Restricted	d Stock													6,666			D		
Reminder: indirectly.	Report on a	separate line	for each class of sec	urities	beneficia	ılly	owned	I	Pers	ons wh	n this	forn	n are	not req	uired to re	nformation espond un	less	EC 1474 (9- 02)	
			Table II -		itive Secu			uire	d, Di	isposed o	of, or I	Bene	ficiall	•		iti Oi iidiiib	ci.		
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day	Execution D	ate, if	Code)	of	mber 6. Date Exercisab and Expiration Da ative (Month/Day/Year tities red		nd Expiration Date Month/Day/Year) An Un Sec		Amo Unde Secu (Insti	Derivative Security (Instr. 5)		9. Number Derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	Ownershi (Instr. 4)		
									Date	e	Expira	ition	Trial.	Amount or Number					

Reporting Owners

Daniel Communication (Addison	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Ajami Kamran 400 S. AUSTRALIAN AVE., SUITE 800 WEST PALM BEACH, FL 33401	X						

Signatures

/s/ Kamran Ajami	03/08/2018
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) Shares granted by Rennova Health, Inc. (the "Company") in connection with the reporting person's service as a director of the Company.

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.