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)																	
1. Name and Address of Reporting Person * Langley Trevor					2. Issuer Name and Ticker or Trading Symbol Rennova Health, Inc. [RNVA]								4	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		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)		Table I - Non-Derivative Securities Acqui								cquir	red, Dispo	osed of, or l	Beneficially	Owned		
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Y		_	, if Code (Instr. 8)		\ / / k		Dispose	osed of (D)		Reported Transaction(s)		Following	Ownership of Form:	7. Nature of Indirect Beneficial		
				(Mon	tn/Day/Y	ear)	Co	de	V	Amou		(A) or (D)	Price	or Indi (I)		or Indirect	Ownership (Instr. 4)		
Common	Stock		03/06/2018				A			3,333,3 (1)	333 A		\$ 0	3,333,3	33		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	forr	n are	not req	uired to re	formation	ess	EC 1474 (9- 02)	
			Table II - I		tive Secu			quire	d, Di	isposed (of, or l	Bene	ficial	•					
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day	Execution D	ate, if	Code)	of	mber 6. Date Exercisa and Expiration Dative (Month/Day/Yea ties red sed 3,		Expiration Date And the Andrews And The Andrews Andrew		ble 7. Title Amount Underly Securiti (Instr. 3		Derivative Security (Instr. 5)		of 10. Ownersl Form of Derivati Security Direct (I or Indire (I) (Instr. 4	Ownership: (Instr. 4) cct		
					Code	V	(A)	(D)	Date Exe	e rcisable	Expira Date	ation	Title	Amount or Number of Shares					

Reporting Owners

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

Signatures

/s/ Trevor Langley	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.