# FORM 4

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

OMB APPROVAL						
DMB Number:	3235-0287					
Estimated average burden						
ours per response (						

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 * BLUM GARY L					2. Issuer Name and Ticker or Trading Symbol Rennova Health, Inc. [RNVA]							ol	5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
400 S. AU		(First) AN AVE.,,	(Middle) SUITE 800		3. Date of Earliest Transaction (Month/Day/Year) 03/06/2018								r (give title belo		Other (specify	below)		
(Street) WEST PALM BEACH, FL 33401				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							y/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	ired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	nstr. 3) Date		2. Transaction Date (Month/Day/Year)	Execu			f Code (Instr. 8)		4. Securitie (A) or Disp (Instr. 3, 4 a		ispo	posed of (D)		5. Amount of Securities Beneficially Owned Follo Reported Transaction(s)		Following n(s)	Form:	7. Nature of Indirect Beneficial
				(Mont	th/Day/Y	ear)	Cod	le	V	Amou	nt	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		03/06/2018				A			3,333,3 (1)	333	A	\$ 0	3,333,3	33		D	
Reminder: indirectly.	Report on a	separate line	for each class of se	curities	beneficia	ally	owned	ļ	Pers	sons wh	n thi	is forn	n are	not req	uired to re	formation espond unl	ess	EC 1474 (9- 02)
			Table II -		itive Secu			uire	d, D	isposed (	of, o	r Bene	ficiall	•				
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transactic Date (Month/Day	Execution I	Date, if	Code		of	ative ties red sed	6. Date Exercisable and Expiration Date (Month/Day/Year) US		Date Ame (ar) Und Secu		tle and unt of erlying rities r. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form of Derivativ Security: Direct (Dor Indirect)	O) ct	
					Code	V	(A)	(D)	Dat Exe	-	Expi Date	oiration e	Title	Amount or Number of Shares				

#### **Reporting Owners**

Post dia Communication (Additional	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BLUM GARY L 400 S. AUSTRALIAN AVE., SUITE 800 WEST PALM BEACH, FL 33401	X						

### **Signatures**

/s/ Gary L. Blum	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.

