

FORM 4

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

OMB APPROVAL	
OMB Number:	3235-0287
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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 Type Responses)

1. Name and Address of Reporting Person Lagan Seamus		2. Issuer Name and Ticker or Trading Symbol Rennova Health, Inc. [RNVA]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) CEO and President	
(Last) (First) (Middle) 400 SOUTH AUSTRALIAN AVENUE, 8TH FLOOR		3. Date of Earliest Transaction (Month/Day/Year) 05/02/2016		6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person	
(Street) WEST PALM BEACH, FL 33401		4. If Amendment, Date Original Filed (Month/Day/Year) 05/20/2016			
(City) (State) (Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned			

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)


1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Options to Purchase Common Stock	\$ 5	05/02/2016		A		1,000,000		05/02/2016	12/31/2017	Common Stock	1,000,000	\$ 0	1,000,000	D	
Options to Purchase Common Stock	\$ 10	05/02/2016		A		1,000,000		05/02/2016	12/31/2022	Common Stock	1,000,000	\$ 0	1,000,000	D	
Options to Purchase Common Stock	\$ 1	05/02/2016		A		250,000		05/02/2016	05/01/2026	Common Stock	250,000	\$ 0	250,000	D	

Reporting Owners

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

Signatures

/s/ Seamus Lagan	08/05/2016
<small>Signature of Reporting Person</small>	<small>Date</small>

Alcimedee LLC, By: /s/ Seamus Lagan, Sole Manager	08/05/2016
 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.

Form 4 - Joint Filer Information

Name: Alcimedede 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: Alcimedede LLC

By: /s/ Seamus Lagan
Seamus Lagan, Sole Manager