## 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

	pe Response														
1. Name and Address of Reporting Person * Sramowicz Steven				2. Issuer Name <b>and</b> Ticker or Trading Symbol Rennova Health, Inc. [RNVA]						5. F	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner				
(Last) (First) (Middle) 400 S. AUSTRALIAN AVENUE, 8TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 11/15/2016							Officer (give title below) Other (specify below)				
(Street) WEST PALM BEACH, FL 33401				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	6. Individual or Joint/Group Filing(Check Applicable Line)  X_Form filed by One Reporting Person  Form filed by More than One Reporting Person				
(Cit	(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu						Acquired	ired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)				any	on Date, if	(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)			Ownership Form:	Beneficial
			(Month/Day/Year)		Code	. V	Amount (A) or (D)		(Instr. 3 and		+)		Ownership (Instr. 4)		
Common	Stock		11/15/2016			J <u>(1)</u>	2	22,222 F	A	\$ 0.45 3,7	739,847		1	)	
Reminder: 1	Report on a	separate line for eac	h class of securities	beneficial	lly owned	directly of	Person in this	s who re form are	not re	equired to	ollection of respond control n	unless the	tion contair e form	ed SEC 1	474 (9-02)
Reminder:	Report on a	separate line for eac	h class of securities	beneficial	lly owned	directly o	Person in this	s who re form are	not re	equired to	respond	unless the		ed SEC 1	474 (9-02)
Title of     Derivative     Security	2. Conversion	3. Transaction	Table II -  3A. Deemed Execution Date, if	Derivativ (e.g., put: 4. Transacti Code	ve Securit s, calls, wa 5. Nur ion Deriva Securi Acquir or Dis of (D)	ies Acquarrants, nber of tive ties red (A) posed	Person in this display	s who reform are as a current osed of, or nvertible ercisable addressed and the control of the current of the c	e not re ently v r Bene securi	equired to valid OME ficially Ow ities)	o respond 3 control n wned and Amount ying	unless the umber.	9. Number of Derivative Securities Beneficially Owned Following	f 10. Ownersh Form of Derivativ Security: Direct (I	11. Nation of Indir Benefic Owners (Instr. 4
1. Title of	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II -  3A. Deemed Execution Date, if any	Derivativ (e.g., put: 4. Transacti Code	ve Securit s, calls, wa 5. Nur ion Deriva Securi Acquir or Dis	nber of tive ties red (A) posed 3, 4,	Person in this display ired, Disposoptions, co	s who reform are sa curre sa curre seed of, on nvertible ercisable a Date y/Year)	e not re ently v r Bener securi	ficially Owatties)  7. Title an of Underly Securities	o respond 3 control n wned and Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned	f 10. Ownersh Form of Derivativ Security Direct (I or Indire	11. Nation of Indir Benefic Owners (Instr. 4

Reporting Owner Name / Address	Relationships					
Reporting Owner Futuress	Director	10% Owner	Officer	Other		
Sramowicz Steven 400 S. AUSTRALIAN AVENUE, 8TH FLOOR WEST PALM BEACH, FL 33401		X				

### **Signatures**

/s/ Steven Sramowicz	02/16/2017
**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) The Reporting Person received the shares and warrants in exchange for the cancellation of certain indebtedness.

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.