FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-02								

287 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).

# Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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Name and Address of Reporting Person*  Printer Mark						2. Issuer Name and Ticker or Trading Symbol OBALON THERAPEUTICS INC [ OBLN ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Brister Mark												_	-	.		Director		10% (	Owner	
														_		Officer (g below)	give title	Other below	(specify	
(Last)	(F	irst) (	(Middle)					t Trans	action (N	1onth/	'Day/Year)				L	,	COD 1		,	
C/O OBALON THERAPEUTICS, INC.						08/23/2018									Chief Technology Officer					
5421 AVENIDA ENCINAS, SUITE F																				
5421 AVENIDA ENGINAS, SUITE F				1 If	4. If Amendment, Date of Original Filed (Month/Day/Year)								- 6	6. Individual or Joint/Group Filing (Check Applicable						
,					4. "	Ame	mument,	Date 0	Oligilia	rec	מ (ואוטוווווווווווווווווווווווווווווווווו	ду/ те	ai)		ine)	iai oi joi	iiiuGioup	Filling (Check )	Applicable	
(Street)															X Form filed by One Reporting Person					
CARLSE	CARLSBAD CA 92008														Form filed by More than One Reporting					
																Person	, a 2,o.	oa oo	zorung	
(City)	(S	tate) (	(Zip)																	
		Tab	le I - Non	-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, o	r Bene	efici	ally Ov	wned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					ay/Year)   Ex		2A. Deemed Execution Date, f any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			nd 5) Se Be On	. Amount of securities seneficially owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount		(A) or (D)	Price	, ∣πr	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)				
Common Stock 08/23/2					/2018				A		107,142	2(1)	A	\$1	.82	2 338,634(2)		D		
		Ta	able II - D												y Own	ed				
			(ε	e.g., pu	uts, c	alls	, warr	ants,	option	s, c	onvertib	le s	ecurit	ies)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	Date, Transaction Code (Inst					6. Date Exercisab Expiration Date (Month/Day/Year)		e	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price Derivati Securiti (Instr. 5	ive der y Sec i) Ber Ow Fol Rep Tra	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisa		Expiration Date	Title	or Nun of	ount nber res						

### **Explanation of Responses:**

- 1. The reporting person purchased these shares directly from the issuer in a private placement.
- 2. Includes Restricted Shares that are subject to vesting.

### Remarks:

/s/ Nooshin Hussainy as attorney-in-fact for Mark

08/27/2018

Date

Brister

\*\* Signature of Reporting Person

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

- \* 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.

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 Number.