FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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ations may continue. See

uction 1(b).

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

or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* DP VII ASSOCIATES LP						2. Issuer Name and Ticker or Trading Symbol OBALON THERAPEUTICS INC [OBLN]									k all applic Directo	able) r	g Pers	_	wner
(Last) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC ONE PALMER SQUARE						3. Date of Earliest Transaction (Month/Day/Year) 10/12/2016									Officer below)	(give title		Other (below)	specify
(Street) PRINCETON NJ 08542					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(City)	(S	itate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date				2. Trans Date (Month/		ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. r) 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		red (A) o	4 and Securitie Benefici Owned F		s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A) (D)	or Prio	ce	Reported Transaction(s) (Instr. 3 and 4)			(Instr.		
Common Stock		10/1	2/201	/2016		С		49,57	70 A		(3)	49,570		D ⁽¹⁾⁽²⁾					
		-	Fable II - I						uired, D s, option						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	d Date,	4. Transa Code (8)	ction	5. No of Deri Secu Acq (A) o Disp	umber vative urities uired	6. Date Ex Expiration	5. Date Exercisable and Expiration Date Month/Day/Year) 7. Title and Ar of Securities Underlying Derivative Set (Instr. 3 and 4		nd Amou ities ng e Securi	8. Price of Derivative Security		9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4		Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amou or Numb of Share	er					
Series A Preferred Stock	(3)	10/12/2016			С			11,083	(3)		(3)	Common Stock	14,7	16	\$0	0		D ⁽¹⁾⁽²⁾	
Series B Preferred Stock	(3)	10/12/2016			С			20,583	(3)		(3)	Common Stock	20,5	83	\$0	0		D ⁽¹⁾⁽²⁾	
Series C Preferred Stock	(3)	10/12/2016			С			14,271	(3)		(3)	Common Stock	14,2	71	\$0	0		D ⁽¹⁾⁽²⁾	
		f Reporting Person* IATES LP		1															

1. Name and Address DP VII ASSO	s of Reporting Person* CIATES LP							
(Last)	(First)	(Middle)						
C/O DOMAIN ASSOCIATES, LLC								
ONE PALMER SQUARE								
(Street)			_					
PRINCETON	NJ	08542						
(City)	(State)	(Zip)						
1. Name and Address BLAIR JAME	s of Reporting Person*							
(Last)	(First)	(Middle)						
C/O DOMAIN ASSOCIATES, LLC								
ONE PALMER SQUARE								
(Street)			_					
PRINCETON	NJ	08542						
(City)	(State)	(Zip)						

1. Name and Address of Reporting Person* DOVEY BRIAN H								
(Last)	(First)	(Middle)						
C/O DOMAIN AS		,						
ONE PALMER SQUARE								
	ONE PALMER SQUARE							
(Street)								
PRINCETON	NJ	08542						
(City)	(State)	(Zip)						
1 Name and Address	of Depositing Derson*							
1. Name and Address of Reporting Person* TREU JESSE I								
(Last)	(First)	(Middle)						
C/O DOMAIN AS	SOCIATES, LLC							
ONE PALMER SO	QUARE							
-								
(Street)								
PRINCETON	NJ	08542						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* VITULLO NICOLE								
(Last)	(First)	(Middle)						
	(222)							
C/O DOMAIN ASSOCIATES, LLC ONE PALMER SQUARE								
(Street)								
PRINCETON	NJ	08542						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* Halak Brian K								
(Last)	(First)	(Middle)						
C/O DOMAIN AS	SOCIATES, LLC							
ONE PALMER SQUARE								
(Stroot)								
(Street) PRINCETON	NJ	08542						
(City)	(Ctata)	(7ip)						
	(State)	(Zip)						

Explanation of Responses:

- 1. The securities reported as directly beneficially owned by the designated Reporting Person may be deemed to be indirectly beneficially owned by each of the Reporting Owners listed below, each of whom is a managing member of One Palmer Square Associates VII, LLC, the sole general partner of the designated Reporting Person. Pursuant to Instruction 4(b)(iv) of Form 4, each such individual has elected to report as indirectly beneficially owned the entire number of securities owned by the designated Reporting Person, however each of them disclaims beneficial ownership of any securities, and any proceeds thereof, that exceed his or her pecuniary interest therein and/or that are not actually distributed to him or her.
- 2. As managing members of the sole general partner of Domain Partners VII, L.P., each Reporting Owner listed below may also be deemed to indirectly beneficially own the securities of the Issuer held by Domain Partners VII, L.P., as reported on a Form 4 for Domain Partners VII, L.P. filed on the same date as this Form 4.
- 3. All outstanding shares of the Issuer's preferred stock automatically converted into Common Stock upon the closing of the Issuer's initial public offering for no additional consideration. The preferred stock had no expiration date.

Remarks:

/s/ Lisa A. Kraeutler, as Attorney-in-Fact for DP VII Associates, L.P., J. Blair, B. 10/14/2016 Dovey, J. Treu, N. Vitullo and B. Halak

** Signature of Reporting Person Date

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.