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FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burder	ו ו					
hours per response:	0.5					

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					2. Issuer Name and Ticker or Trading Symbol <u>OBALON THERAPEUTICS INC</u> [OBLN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
						3. Date of Earliest Transaction (Month/Day/Year) 10/12/2016								Officer ((below)	give title		Other below)	(specify		
						If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street) PRINCETON NJ 08542														ĺ	Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(City)	(5	State)	(Zip)																	
		7	Fable I - No	n-Deri	ivat	tive S	Secu	rities Ad	cquired,	Di	sposed	of, or B	enef	icially	Owned					
1. Title of Security (Instr. 3) Date (Month/D				saction /Day/Year)		Deemed cution Date ly nth/Day/Yea	Code (Instr.					5. Amount of Securities Beneficially Owned Following Reported		Form	Direct ndirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A (D	(A) or (D) Price		Transaction(s) (Instr. 3 and 4)				(1130. 4)	
Common	Stock			10/1	12/2	016			С	Γ	3,985,	970	A	(3)	3,985	,970	Г	(1)(2)		
			Table II -	Deriv	ativ	/e Se	curi	ities Acc	uired, D	Disp	osed of	, or Be	nefic	ially O	wned		<u> </u>			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security3. Transaction Date (Month/Day/Year)3. 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 Ar Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		nd Am es Und /e Sec	ount of lerlying	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporte	ve es ally ig	10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial) Ownership ct (Instr. 4)											
				C	ode	v	(A)	(D)	Date Exercisab	ole	Expiration Date	Title	Nu	ount or mber of ares	-	Transac (Instr. 4)	tion(s)			
Series A Preferred Stock	(3)	10/12/2016			с			649,835	(3)		(3)	Common Stock	¹ 80	52,879	\$0	0		D ⁽¹⁾⁽²⁾		
Series B Preferred Stock	(3)	10/12/2016			С			1,206,836	(3)		(3)	Common Stock	¹ 1,2	206,836	\$0	0		D ⁽¹⁾⁽²⁾		
Series C Preferred Stock	(3)	10/12/2016			С			836,722	(3)		(3)	Common Stock	¹ 83	36,722	\$0	0		D ⁽¹⁾⁽²⁾		
Series D Preferred Stock	(3)	10/12/2016			С			597,207	(3)		(3)	Common Stock	¹ 59	97,207	\$0	0		D ⁽¹⁾⁽²⁾		
Series E Preferred Stock	(3)	10/12/2016			С			482,326	(3)		(3)	Common Stock	¹ 48	32,326	\$0	0		D ⁽¹⁾⁽²⁾		
		Reporting Person*																		
	MAIN ASS LMER SQI	(First) OCIATES, LLC JARE	(Middle	2)																
(Street) PRINCE	TON	NJ	08542	2																
(City)		(State)	(Zip)																	
	nd Address of <u> X JAMES</u>	Reporting Person [*]	e																	
(Last) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC ONE PALMER SQUARE																				
(Street) PRINCE	TON	NJ	08542	2																

(City)	ity) (State)								
1. Name and Address of Reporting Person* DOVEY BRIAN H									
(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 [*] <u>TREU JESSE I</u>									
(Last)	(First)	(Middle)							
C/O DOMAIN ASS	SOCIATES, LLC								
ONE PALMER SQ	UARE								
(Street)									
PRINCETON	NJ	08542							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* VITULLO NICOLE									
(Last)	(First)	(Middle)							
C/O DOMAIN ASSOCIATES, LLC									
ONE PALMER SQUARE									
(Street)									
PRINCETON	NJ	08542							
(City)	(State)	(Zip)							
1. Name and Address o	f Reporting Person [*]								
<u>Halak Brian K</u>									
(Last)	(First)	(Middle)							
C/O DOMAIN ASSOCIATES, LLC									
ONE PALMER SQUARE									
(Street)									
PRINCETON	NJ	08542							
(City)	(State)	(Zip)							
Explanation of Bospon									

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 DP VII Associates, L.P., each Reporting Owner listed below may also be deemed to indirectly beneficially own the securities of the Issuer held by DP VII Associates, L.P., as reported on a Form 4 for DP VII Associates, 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 Domain

 Partners VII, 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.