SEC Form 4	
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL

OMB NUMber:	3235-0287
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			2. Issuer Name and Ticker or Trading Symbol <u>OBALON THERAPEUTICS INC</u> [OBLN]		ationship of Reporting Pe all applicable) Director	rson(s) to Issuer 10% Owner		
				X	Officer (give title below)	Other (specify below)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)		,	,		
		TS INC	10/25/2019		Chief Financia	l Officer		
C/O OBALON	THERAFLUIR	JJ, INC.						
5421 AVENIDA	A ENCINAS, SU	JITE F						
	OBALON THERAPEUTICS INC [OBLN] (Cr OBALON THERAPEUTICS INC [OBLN] (Cr (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 10/25/2019 THERAPEUTICS, INC. 10/25/2019 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. I CA 92008 92008 92008 92008 92008		6. Indiv	6. Individual or Joint/Group Filing (Check Applicable				
(Street)				Line)				
. ,	CA	02000		X	Form filed by One Rep	orting Person		
CARLSBAD	CA	92008			Form filed by More that Person	In One Reporting		
(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)		Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially 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	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)

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. Transa Code (8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (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: 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				
Stock Option (Right to Buy)	\$1.75	10/25/2019		A		11,682		(1)	10/25/2029	Common Stock	11,682	\$0	11,682	D	
Stock Options (Right to Buy)	\$1.75	10/25/2019		A		9,000		(2)	10/25/2029	Common Stock	9,000	\$0	9,000	D	

Explanation of Responses:

1. The Option shall vest as to (i) 25% of the shares of Common Stock underlying the Stock Option on October 19, 2020 and (ii) 1/48th of the shares of Common Stock underlying the Stock Option on each monthly anniversary of October 19, 2020 thereafter, subject to the grantee's continued service with the Company through the applicable vesting date.

2. The Option shall vest as to 1/48th of the Shares underlying the Option on each monthly anniversary of the Grant Date, subject to the grantee's continued status as a Service Provider with the Company through the applicable vesting date.

Remarks:

/s/ Nooshin Hussainy

10/28/2019

** 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.