FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

vasnington,	D.C.	20549		

OMB APPROVAL
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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

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

Name and Address of Reporting Person*  Place of Address of Reporting Person*			2. Issuer Name <b>and</b> Ticker or Trading Symbol OBALON THERAPEUTICS INC [OBLN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>Plovanic William J.</u>				ODEN								X	Director			10% Ow	ner			
(Lact)	/=	irct)	(Middle)	— L	2. Data of Faulicat Transportion (Month/Doubles)							_ x	Officer (	give title		Other (sp	pecify			
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 07/23/2019									President & CFO							
C/O OBALON THERAPEUTICS, INC.				33.										Trestació de el el						
5421 AVENIDA ENCINAS, SUITE F			⊢										_							
(Street)				4	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	<b> </b> '						
CARLSI	BAD C	A	92008											X	Form file	ed by One	Repor	ting Person		
-				— I											Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)												r erson					
		Ta	able I - Non-D	erivat	ive S	ecuritie	s A	cquii	red, D	Dispo	osed (	of, or B	ene	ficially	Owned					
1. Title of Security (Instr. 3)  2. Trans Date (Month/I			te	action 2A. Deemed Execution Day Day/Year) if any (Month/Day/Year)		n Dat	te, Transaction Dispose Code (Instr.		rities Acquired (A) or ed Of (D) (Instr. 3, 4 a		A) or 3, 4 and 5)	5. Amount Securities Beneficial Owned Fo Reported	Form: (D) or	Direct Indirect Etr. 4)	7. Nature of ndirect Beneficial Ownership Instr. 4)					
								C	Code	/ /	Amount (A) or (D)		Price	Transaction	Transaction(s) (Instr. 3 and 4)		"	11501. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
	_			T .	J, 04		_	_								T	. 1		1	
Derivative Conversion Date Executity Or Exercise (Month/Day/Year) if an		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		Derivativ Securitie Acquired or Dispos of (D) (In:	Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun Securities Underlyi Derivative Security (Instr. 3 and 4)		lerlying urity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exerc	cisable	Expii Date	ration	Title	Nu	ount or mber of ares		(Instr. 4)				
Stock Option (Right to	\$0.96	07/23/2019		A		300,000		(	(1)	07/23	3/2029	Common Stock	30	0,000(2)	\$0	300,00	00	D		

## **Explanation of Responses:**

- 1. The option shall vest as to 1/48th of the shares underlying the option on each monthly anniversary of May 20, 2019, subject to Mr. Plovanic's continued status as a service provider with the Issuer through the
- 2. Share amounts do not reflect the impact of a 1-for-10 reverse stock split that became effective after the grant date for the options referenced herein.

## Remarks:

/s/ Nooshin Hussainy as attorney-in-fact for William J.

07/25/2019

Date

**Plovanic** 

\*\* 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.