FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL				
l	OMB Number:	3235-0287				
l	Estimated average burd	en				
l	hours per response:	0.5				

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

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*  Rasdal Andrew P							2. Issuer Name and Ticker or Trading Symbol OBALON THERAPEUTICS INC [ OBLN ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Rasdal	<u>Andrew</u>	<u>P</u>			-	OBJECT THEIR ECTICOTIVE [OBEN]								'	X D	irector	10%	Owner	
-															X C	fficer (give title	Othe	r (specify	
(Last)	(F	3. D	3. Date of Earliest Transaction (Month/Day/Year)									A b	elow)	belov	v) .				
C/O OBALON THERAPEUTICS, INC.							08/23/2018									C	CEO		
· ·																			
5421 AVENIDA ENCINAS, SUITE F																			
					-   4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)	MD (		0000												-,	orm filed by On	e Reporting Per	rson	
CARLSE	SAD C	A !	92008													,	re than One Re		
-					-											erson	ile tilali Olle ive	porting	
(City)	(9	State)	(Zip)																
		Tah	le I - Noi	n-Deriv	vative	Sec	curitie	s Arc	nuired	Dis	posed o	of OI	r Bene	ficia	ally Ov	med			
			101 1101			_			_	, 5.5	<del>-</del>						1	1	
1. Title of S	Security (Ins	tr. 3)		2. Transa Date	action	tion 2A. Deemed Execution Date,				3. 4. Securities Acquired (A Transaction Disposed Of (D) (Instr. 3,						Amount of curities	6. Ownership Form: Direct	7. Nature of Indirect	
					Day/Yea	r)   if	if any		Code (Instr.		''			,	Be	neficially med Following	(D) or Indirect	Beneficial	
							(Month/Day/Year)		8)						Re	ported	(I) (Instr. 4)	Ownership (Instr. 4)	
						Code	٧	Amount		(A) or (D)	Price		nsaction(s) str. 3 and 4)						
Common Stock 08/23/2					/2018	2018			A		109,890	O <sup>(1)</sup> A \$1		.82 566,948		D			
							/e Securities Acquired, Disposed of, or Benefici									_			
		Та									osed of, onvertib				y Own	ed			
1. Title of	2.	3. Transaction	3A. Deem	ed	4.		5. Nu	mber	6. Date F	erci	sable and	7. Ti	itle and		8. Price	of 9. Number	of 10.	11. Nature	
Derivative	Conversion	Date	Execution	Date,	e, Transacti		ion of		Expiration Date			Amount of			Derivati	e derivative	Ownership	of Indirect	
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Da		Code (I /Year)   8)	ınstr.	Derivative (		(Month/Day/Year)			Securities Underlying			Security (Instr. 5)		Form: Direct (D)	Beneficial Ownership	
, ,	Derivative Security		l`	` '	1		Acquired		Deriva					vative urity (Instr. 3		Owned Following	or Indirect (I) (Instr. 4)	(Instr. 4)	
Security						(A) or Disposed of (D) (Instr. 3, 4		and 4)					su. s		Reported	'''			
															Transactior (Instr. 4)	ı(s)			
						and 5)									(				
													Amo						
													or	nber					
						1		Date		Expiration	<b> </b>	of							
	1	1	1		Code	V	(A)	(D)	Exercisa	able	Date	Title	e   Sha	res					

## **Explanation of Responses:**

1. The reporting person purchased these shares directly from the issuer in a private placement.

## Remarks:

<u>/s/ Nooshin Hussainy as</u>
<u>attorney-in-fact for Andrew</u> <u>08/27/2018</u>
<u>Rasdal</u>

\*\* 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.