FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|------------------|

| 1 | OIVID APPROVAL | | | | | | | | | | |
|-----|----------------------|-----------|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | | |
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| 1 | Estimated average bi | uraen | | | | | | | | | |

hours per response:

0.5

| | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5 |
| | obligations may continue. See |
| | Instruction 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* Rasdal Andrew P | | | | 2. Issuer Name and Ticker or Trading Symbol OBALON THERAPEUTICS INC [OBLN] | | | | | | | Relationship o eck all applic X Directo | er ner | | | | | |
|--|--|------------|---|--|--|---|--------|--|--|---|---|---|--|---|--|--|--|
| (Last) (First) (Middle) C/O OBALON THERAPEUTICS, INC. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2018 | | | | | | \dashv | X Officer below) | Officer (give title below) President | | Other (sp below) EO | pecify | | |
| 5421 AVENIDA ENCINAS, SUITE F | | | | - | | | | | | | | | | | | | |
| (Street) CARLSBAD CA 92008 (City) (State) (Zip) | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. I Lin | e) X Form fi Form fi | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/L | | | • | 2A. Deemed Execution Date, if any (Month/Day/Year | | e, Transaction Disposed Of (D Code (Instr. | | ities Acquire d Of (D) (Ins | es Acquired (A) or Of (D) (Instr. 3, 4 and 5) | | s Illy ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code V | Amount | (A) o (D) | Price | Reported Transacti (Instr. 3 a | ion(s) | | " | nstr. 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) | Conversion Date Execu or Exercise (Month/Day/Year) if any | | 3A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | 5.1(3) | | | |
| Stock Option (Right to Buy) | \$7.15 | 01/02/2018 | | A | | 300,000 | | (1) | 01/02/2028 | Common Stock | 300,000 | \$0.00 | 300,00 | 0 | D | | |

Explanation of Responses:

1. 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 as attorney-in-fact for Andrew

01/04/2018

Rasdal

** 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.