FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL						
OMB Number:	2225.02					

287 Estimated average burden 0.5 hours per response:

Check this box if no longer subject to 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

					01 000	11)00 11011	, or the ii	rvestment	0011	ipariy Act o	1 10-10					
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol Avista Healthcare Public Acquisition Corp.							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
MARKISON BRIAN A				- 1	AHPA]							X	Director		10% Ow	ner
(Last)	(F	irst)	(Middle)		Alira							Officer (g below)	jive title	Other (s below)	pecify	
C/O AVISTA HEALTHCARE PUBLIC ACQUISITION					3. Date of Earliest Transaction (Month/Day/Year) 11/25/2016											
CORP. 65 EAST 55TH STREET, 18TH FLOOR					A If Amendment Date of Original Filed (Month/Doubles)						6 Ind	6 Individual or Joint/Crown Filing (Cheek Assissable				
-				— '	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NEW Y(ORK N	Y	10022									X		•	porting Person an One Report	ng Person
(City)	(S	State)	(Zip)													
		Т	able I - Non-I	Derivat	tive S	ecuriti	es Acq	uired, D	isp	osed of	, or Ben	eficially	Owned			
1. Title of Security (Instr. 3)			0	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)			5. Amount Securities Beneficiall Owned Fo	Form (D) or ollowing (I) (In	orm: Direct) or Indirect (Instr. 4)	7. Nature of ndirect Beneficial Dwnership		
									v	Amount	(A) or (D) Price		Reported Transactio (Instr. 3 an			Instr. 4)
			Table II - De							sed of, o			wned			
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	n Date, Transaction Derivative Expiration Date of Sec Code (Instr. Securities (Month/Day/Year) Under Jay/Year) 8) Acquired (A) or		7. Title and of Securiti Underlying Derivative (Instr. 3 ar	es g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	Ownership Form:	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
				Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares		Reported Transaction (Instr. 4)	(s)	
Class B Ordinary Shares	(1)	11/25/2016		D ⁽²⁾			43,750	(1)		(1)	Class A Ordinary Shares	43,750	(2)	427,500	D	
Class B Ordinary Shares	(1)	11/28/2016		P		161,180		(1)		(1)	Class A Ordinary Shares	161,180	\$0.003	588,680	D	

Explanation of Responses:

1. Pursuant to the Amended and Restated Memorandum and Articles of Association (the "Articles") of the Issuer, the Class B ordinary shares, par value \$0.0001 per share (the "Class B Shares") will automatically convert into Class A ordinary shares, par value \$0.0001 per share, of the Issuer at the time of the Issuer's Business Combination, as defined in the Articles, on a one-for-one basis, subject to adjustment, and have no

2. 43,750 shares of the Class B Shares were forfeited to the Issuer at no cost in connection with the underwriters' election not to exercise the remaining unused portion of the over-allotment option, as described in the Issuer's registration statement on Form S-1 (File No. 333-213465).

/s/ Benjamin Silbert, Attorney-

in-Fact

** Signature of Reporting Person

Date

11/29/2016

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.