FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20040	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028		

0.5

Estimated average burden hours per response: Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

					or	Section	on 30(h) of thè	Ínvestme	nt Coi	mpany Act	of 19	940						
1. Name and Address of Reporting Person [*] O'Neil Robert P					<u>Av</u>	2. Issuer Name and Ticker or Trading Symbol Avista Healthcare Public Acquisition Corp. [AHPA]								(Ch	eck all applic	tionship of Reporting Pers all applicable) Director		10% Ow	ner
(Last)	(First)	(Middle)				-								Officer below)	(give title		Other (s _l below)	pecify
	STA HEA	LTHCARE PUB	` ′			ate o		est Trans	action (M	onth/l	Day/Year)								
CORP. 65 EAST 55TH STREET, 18TH FLOOR				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														- 1	,	led by One	e Repo	rting Person	1
NEW YO	ORK I	NY	10022		,										Form fi Person		re than	One Report	ting
(City)	(State)	(Zip)																
		Tak	ole I - No	n-Deriv	ative	Sec	curit	ies Ac	quired,	Dis	posed o	f, o	r Ben	eficiall	y Owned	l			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					ar) E	A. Deemed Execution Date, f any Month/Day/Year		Transaction D		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)					es Form ally (D) (Following (I) (II		: Direct C Indirect E str. 4) C	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	unt (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
			Table II -								osed of, convertil				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution if any (Month/Day	Date, 1	ransaction Code (Instr.)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date E Expiratio (Month/D	n Dat	Amou Securi Under Deriva		Fitle and count of curities derlying rivative Str. 3 and		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	1	Amount or lumber of Shares					

Explanation of Responses:

(1)

Class B

Ordinary

Shares

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 expiration date.

43,750

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).

(1)

(1)

Class A

Ordinary Shares

/s/ Benjamin Silbert, Attorney-11/29/2016 in-Fact

(2)

427,500

D

** Signature of Reporting Person Date

43,750

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).

11/25/2016

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

D⁽²⁾

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.