FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Harwood Charles C Jr</u>						Issuer Name and Ticker or Trading Symbol Avista Healthcare Public Acquisition Corp. [AHPA]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) C/O AVISTA HEALTHCARE PUBLIC ACQUISITION CORP. 65 EAST 55TH STREET, 18TH FLOOR							3. Date of Earliest Transaction (Month/Day/Year) 11/25/2016										(give title	Filing	Other (s below)	
(Street) NEW YORK NY 10022 (City) (State) (Zip)					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable ne) X 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/D						ar) E	xecut f any	Deemed ecution Date, ny onth/Day/Year)		Transaction Disposed Code (Instr. 5)			ies Acquire Of (D) (Ins		and Securitie Beneficia		es Formally (D) (Following (I) (I		: Direct C Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership
									С	ode V	Amount		(A) or (D)	(A) or (D) Price		Transaction(s) (Instr. 3 and 4)				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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date, T	Code (Expi	6. Date Exercisable and Expiration Date (Month/Day/Year)		and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Der Sed (Ins	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exe	e rcisable	Expir Date		Title	Amount or Number of Shares						
Class B Ordinary Shares	(1)	11/25/2016			D ⁽²⁾			43,750		(1)	(1	1)	Class A Ordinary Shares	43,750		(2)	427,500		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 expiration date.
- 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, Attorneyin-Fact 11/29/2016

** 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.