FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
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١	Section 16. Form 4 or Form 5
J	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

Name and Address of Reporting Person* Bisgaier Charles PhD					2. Issuer Name and Ticker or Trading Symbol Gemphire Therapeutics Inc. [GEMP]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Disgaic	1 Charles	FIID												X	Directo	or	X	10% Ov	vner	
-					-									X		(give title		Other (s	specify	
(Last) (First) (Middle)								est Trans	action (M	onth/[Day/Year)			71	below)			below)		
17199 N. LAUREL PARK DRIVE						07/31/2017									Chie	f Scientif	ic Of	f. & Chair	r	
SUITE 4	.01																			
					_ 1	fΛma	ndmai	nt Date (of Original	Eilad	(Month/D	av/Voar)		6 Indi	vidual or	loint/Grour	Eiling	(Check Ap	nlicable	
(Street)					- ' '	AIIIC	Hame	n, Date (original	i iica	(WOTHER)	ay/ (car)		Line)	vidual or s	Joint Oroug	, i iiiig	(Спсск Ар	plicable	
LIVONI	A M	т .	48152											X	Form f	iled by One	e Repo	rting Perso	n	
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(City)	(S	tate)	(Zip)																	
		Tab	le I - No	n-Deriv	vative	Sec	curit	ies Ac	quired,	Dis	osed o	of, or B	enefic	ially	Owned	ł				
1. Title of S	Security (Inst	r. 3)		2. Trans	saction	7 2	A. Dee	emed	3.		4. Securi	ties Acqu	ired (A) o	or	5. Amou	int of	6. Ow	nership	7. Nature	
		0,		Date	ate			Execution Date,		Transaction Disposed			d Of (D) (Instr. 3, 4 and			es	Form: Direct (D) or Indirect		of Indirect Beneficial	
				(Month/Day/Yea		Year) if any (Month/Day/Year)								Following	(I) (Instr. 4)	str. 4)	Ownership			
									Code	v	Amount	(A)	or Pric		Reported Transaction(s)				(Instr. 4)	
									Coue		Amount	(D)	1		(Instr. 3	and 4)				
Common	Stock			07/3	07/31/2017				M		4,474	4 A	. \$1	.344	1,24	8,914	D			
													\top						Held by	
				l															The	
				l													I		Charles	
Common Stock														82,220				L.		
				l															Bisgaier	
																			Trust ⁽¹⁾	
				-		-			_			_	-		1		-			
				l															Held by	
Common	Stock														19,228		I		Bisgaier	
																			Family,	
																	LLC			
		Т	able II -	Deriva	ative \$	Secu	ıritie	s Acq	uired, D	ispo	sed of	, or Be	neficia	lly C	wned					
											onverti									
1. Title of	2.	3. Transaction	3A. Deem		4.				6. Date Ex		ble and	7. Title a			Price of	9. Number		10.	11. Nature	
Derivative Security	Conversion or Exercise Price of Derivative	Date (Month/Day/Year)	Execution if any	Date,	Transactio Code (Inst 8)		tr. Derivative Securities Acquired (A) or		Expiration (Month/Da		r)	Amount Securitie			erivative ecurity	Securities		Ownership Form:	Beneficial	
(Instr. 3)			(Month/Da	y/Year)									Underlying Derivative Security		nstr. 5)	Beneficially Owned		Direct (D) or Indirect		
	Security											(Instr. 3 and 4)		lity		Following		(I) (Instr. 4)		
					Disposed of (D)									Reported Transaction(s)						
						(Instr. 3, 4 and 5)				l				(Instr. 4)						
				-			4	-,		_			Amai							
													or							
									Date	E	xpiration		Numb	er						
					Code	٧	(A)		Exercisab		ate	Title	Share	s						
Employee																				
Stock Option	\$1.344	07/31/2017			M			4,474	06/29/201	5 0	6/28/2025	Common Stock	4,47	4	\$ <mark>0</mark>	0		D		
(right to buy)												JUCK								

Explanation of Responses:

1. These shares are indirectly owned by the reporting person as trustee of The Charles L. Bisgaier Trust.

<u>/s/ Stephanie Swan, by Power of Attorney</u>

08/02/2017

** 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.