FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ngton, D.C. 20549	OMB APPR

Washington,	D.C.	20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

IAVO OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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*     Sooch Mina					2. Issuer Name <b>and</b> Ticker or Trading Symbol Gemphire Therapeutics Inc. [ GEMP ]						(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner			
(Last) (First) (Middle) 17199 N. LAUREL PARK DRIVE SUITE 401					3. Date of Earliest Transaction (Month/Day/Year) 11/25/2016						X	Officer (give title below)  Other below)  President & CEO			specify
(Street) LIVONI		TI State)	48152 (Zip)	4	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Inc Line)				
		Ta	able I - Non-D	Derivat	ive S	ecurities	Acc	quired, Di	sposed o	f, or Ber	eficially	Owned			
Date					2A. Deemed Execution Date if any (Month/Day/Ye.		Date,	Code (Instr.		d (A) or r. 3, 4 and 5)	5. Amount Securities Beneficial Owned Fo	ly (	i. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
							Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 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)	or Exercise (Month/Day/Year) if any		Execution Date,	Transaction Code (Instr. 8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Employee Stock Option (right to	\$10	11/25/2016		A		120,000 <sup>(1)</sup>		(2)	08/03/2026	Common Stock	120,000	\$0	600,000 <sup>(</sup>	1) D	

## **Explanation of Responses:**

- 1. The reporting person was granted an option to purchase 600,000 shares of common stock effective August 4, 2016. 360,000 of the shares underlying the option award were immediately earned on the date of the grant, 120,000 shares underlying the option award were earned on September 30, 2016 following the initiation of the Company's first clinical trial and 120,000 shares underlying the option award are earned upon the initiation of the Company's second clinical trial. The Company has initiated its second clinical trial, so the 120,000 shares underlying the option award that were subject to the initiation of the Company's second
- 2. The option vests in 48 equal consecutive monthly increments, so that all of the shares will be vested on the fourth anniversary of the date of grant.

Stephanie Swan, by Power of

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.