

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden
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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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>Avista Acquisition Corp.</u> (Last) (First) (Middle) <u>C/O AVISTA HEALTHCARE PUBLIC ACQUISITION</u> <u>CORP. 65 EAST 55TH STREET, 18TH FLOOR</u> (Street) <u>NEW YORK NY 10022</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Avista Healthcare Public Acquisition Corp. [AHPA]</u> 3. Date of Earliest Transaction (Month/Day/Year) <u>07/05/2017</u> 4. If Amendment, Date of Original Filed (Month/Day/Year)	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director ☒ 10% Owner Officer (give title below) Other (specify below) 6. Individual or Joint/Group Filing (Check Applicable Line) ☒ 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. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

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. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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) (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 Exercisable	Expiration Date	Title	Amount or Number of Shares				
Class B Ordinary Shares	(1)	11/28/2016		S			186,320	(1)	(1)	Class A Ordinary Shares	186,320	\$0.003	5,792,500	D ⁽²⁾⁽³⁾⁽⁴⁾	

1. Name and Address of Reporting Person* <u>Avista Acquisition Corp.</u> (Last) (First) (Middle) <u>C/O AVISTA HEALTHCARE PUBLIC ACQUISITION</u> <u>CORP. 65 EAST 55TH STREET, 18TH FLOOR</u> (Street) <u>NEW YORK NY 10022</u> (City) (State) (Zip)	Relationship of Reporting Person(s) to Issuer Director ☒ 10% Owner Officer (give title below) Other (specify below)
1. Name and Address of Reporting Person* <u>Avista Acquisition, LLC</u> (Last) (First) (Middle) <u>C/O AVISTA HEALTHCARE PUBLIC ACQUISITION</u> <u>CORP. 65 EAST 55TH STREET, 18TH FLOOR</u> (Street)	

NEW YORK	NY	10022
(City)	(State)	(Zip)
Relationship of Reporting Person(s) to Issuer		
Director	☒	10% Owner
Officer (give title below)		Other (specify below)
1. Name and Address of Reporting Person* <u>Dean Thompson</u>		
(Last)	(First)	(Middle)
C/O AVISTA HEALTHCARE PUBLIC ACQUISITION CORP. 65 EAST 55TH STREET, 18TH FLOOR		
(Street)		
NEW YORK	NY	10022
(City)	(State)	(Zip)
Relationship of Reporting Person(s) to Issuer		
☒	Director	☒ 10% Owner
☒	Officer (give title below)	Other (specify below)
	Executive Chairman	
1. Name and Address of Reporting Person* <u>Burgstahler David F</u>		
(Last)	(First)	(Middle)
C/O AVISTA HEALTHCARE PUBLIC ACQUISITION CORP. 65 EAST 55TH STREET, 18TH FLOOR		
(Street)		
NEW YORK	NY	10022
(City)	(State)	(Zip)
Relationship of Reporting Person(s) to Issuer		
☒	Director	☒ 10% Owner
☒	Officer (give title below)	Other (specify below)
	President and CEO	

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. Directly owned by Sponsor. The sole shareholder of Sponsor is Avista Acquisition, LLC ("Avista Acquisition"). Thompson Dean and David Burgstahler are the managers of Avista Acquisition (and, together with Sponsor, Messrs. Dean and Burgstahler are the "Reporting Persons").
3. Because of the relationship among the Reporting Persons, the Reporting Persons may be deemed to beneficially own the securities reported herein to the extent of their respective pecuniary interests. Each Reporting Person disclaims beneficial ownership of the securities reported herein, except to the extent of such Reporting Person's pecuniary interest therein, if any.
4. Pursuant to Rule 16a-1(a)(4) under the Exchange Act, this filing shall not be deemed an admission that the Reporting Persons are, for purposes of Section 16 of the Exchange Act or otherwise, the beneficial owners of any equity securities in excess of their respective pecuniary interests.

Remarks:

Exhibit 99.1 Joint Filer Information, incorporated herein by reference.

By: /s/ Benjamin Silbert,
Attorney-in-Fact for Avista 07/07/2017
Acquisition Corp
 By: /s/ Benjamin Silbert,
Attorney-in-Fact for Avista 07/07/2017
Acquisition, LLC
 By: /s/ Benjamin Silbert, 07/07/2017
Attorney-in-Fact for Thompson

Dean

By: /s/ Benjamin Silbert,
Attorney-in-Fact for David
Burgstahler

07/07/2017

** 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.