UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287
Estimated average bur	den
hours per response:	0.5

X 10% Owner

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

X Director

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	SIA
1. Name and Address of Reporting Person [*] Semler Herbert J	

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

2. Issuer Name and Ticker or Trading Symbol

Semler Scientific, Inc. [SMLR]

					_										Directo		Λ	10%0 C		
C/O SEMLER SCIENTIFIC, INC. 2330 NW EVERETT ST. 4.						3. Date of Earliest Transaction (Month/Day/Year) 06/14/2017									Officer (give title Other (specify below) below)					
					4. If Amendment, Date of Original Filed (Month/Day/Year) 06/15/2017									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
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Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)				sactio	n	2A. Deeme Execution if any	A. Deemed execution Date,		3. Transaction Code (Instr.		4. Securities Acquired Disposed Of (D) (Instr		(A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common	Stock			06/1	06/14/2017				M		150,00	0	(D) A	\$0.52	(Instr. 3 and 4) 150,000 ⁽¹⁾		D ⁽²⁾			
Common Stock Common Stock				00/14/2017						100,00			40.02	378,			т	See footnote ⁽³⁾		
			Table II -	Deriv	ative	e Se	curities	Aco	uired. [Disp	osed of	. or	Bene	 ficially (Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any	(e.g.,	4. Transa Code (s, ca	5. Number of Derivative		5, options, conver 6. Date Exercisable and Expiration Date (Month/Day/Year)		converti sable and	7.1	e securities)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownershi Form:	. Beneficia	
	Price of Derivative Security		(Month/Day	(Year)	8)							Derivative Sec (Instr. 3 and 4)						Direct (D) or Indirect (I) (Instr. 4)	t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date T			Amount or Number of Shares		(Instr. 4)				
Stock Option (right to buy)	\$0.52	06/14/2017			М		150,000		01/01/20	08	01/01/2018		mmon itock	150,000	\$0	0)	D		
	nd Address of <u>Herbert</u>	f Reporting Person [*] J					1		*						•			*		
	MLER SCII N EVERET	(First) ENTIFIC, INC. T ST.	(Mido	lle)																
(Street) PORTLA	AND	OR	9721	10		,														
(City)		(State)	(Zip)																	
	nd Address of <u>Shirley I</u>	f Reporting Person [*]																		
	MLER SCII V EVERET	(First) ENTIFIC, INC. T ST.	(Mido	lle)																
(Street) PORTLA	AND	OR	9721	10																
(City)		(State)	(Zip)																	
(* -9)		· · · · · /	()																	

Explanation of Responses:

1. This amendment is being filed to correct the previously reported number of shares reported in Column 5. The correct number is 150,000.

2. This option was held directly by Dr. Herbert J. Semler.

3. These securities are held in family trusts and may be deemed to be beneficially owned by the reporting persons as beneficiaries and Co-Trustees of such trusts.

/s/ Daniel E. Conger, attorney- 09/15/2017 in-fact /s/ Daniel E. Conger, attorney-

09/15/2017

** Signature of Reporting Person Date

<u>in-fact</u>

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.