FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

W	ashing	ton, D).C. 2	20549	

STATEMENT	OF (CHANGES	IN BENE	FICIAL	OWNERSHIP)

OMB APPROVAL OMB Number: Estimated average burden

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue 6

	tions may com tion 1(b).	inue. See		File							rities Exchan		f 1934			hours	s per r	response:	0.5
					_						company Act	of 1940							
1. Name and Address of Reporting Person* <u>Semler Herbert J</u>					2. Issuer Name and Ticker or Trading Symbol Semler Scientific, Inc. [SMLR]								k all app	olicable)	ng Person(s) to X 10%		Issuer Owner		
(Last) (First) (Middle) C/O SEMLER SCIENTIFIC, INC. 2330 NW EVERETT ST.					3. Date of Earliest Transaction (Month/Day/Year) 11/23/2015									Offic below	er (give title w)		Other below	(specify)	
(Street) PORTLAND OR 97210				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person							
(City)	(\$		(Zip)																
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y				on	on 2A. Deemed Execution Date,		3.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar		5. Amo Securi Benefi Owner		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price			nsaction(s) str. 3 and 4)			(Instr. 4)	
Common Stock 11/23/20:)15	.5		S		8,090	D	\$2.26	596 ⁽¹⁾	48	487,374		I	See footnote ⁽²⁾	
		Ta	able II								oosed of, convertib				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversior or Exercise Price of Derivative Security	Exercise (Month/Day/Year ce of rivative		3A. Deemed 4 Execution Date, T		Fransaction of Code (Instr. B) Sc Ac (A Di of (Ir Code (Instr. B) Code (Ir					cisable and late	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indirect (I) (Instr.	Ownership	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						
	nd Address o <u>Herbert</u>	of Reporting Person*																	
	MLER SCI V EVERET	(First) ENTIFIC, INC. TT ST.	(N	⁄liddle)															
(Street)	AND	OR	9'	7210															
(City)		(State)	(Z	ľip)															

(City) (State) **Explanation of Responses:**

Semler Shirley L.

2330 NW EVERETT ST.

(Last)

(Street) **PORTLAND**

1. Name and Address of Reporting Person*

C/O SEMLER SCIENTIFIC, INC.

(First)

OR

(Middle)

97210

(Zip)

^{1.} The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$2.25 to \$2.354 and the reporting persons undertake to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission full information regarding the number of shares purchased at each separate price within the ranges set forth in

^{2.} 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. Shirley L. Semler is also a director of the Company.

/s/ Daniel E. Conger, attorney- 11/24/2015

in-fact

/s/ Daniel E. Conger, attorneyin-fact

Date

** Signature of Reporting Person

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.