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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

1. Name and Address of Reporting Person* William H.C. Chang & Diana Shon Chang TTEE Chang Family Trust U/A DTD 10/23/2006 (Last) (First) (Middle) C/O SEMLER SCIENTIFIC, INC.				2. Issuer Name and Ticker or Trading Symbol <u>Semler Scientific, Inc.</u> [SMLR] 3. Date of Earliest Transaction (Month/Day/Year) 01/23/2020						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specify below) below)								
1													6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SAN JO	SE C.	A	95112									Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of	Security (Ins	tr. 3)		2. Trans Date (Month/I	action 2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Disposed Code (Instr. 8)			ties Acquired (A) or 1 Of (D) (Instr. 3, 4 ar		and Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	V	Amount	:	(A) or (D)	Pric		saction(s) r. 3 and 4)			
Commor	1 Stock			01/23	3/2020			S	<u> </u>	1,00	0	D	\$		392,323	D ⁽¹⁾		
Commor								_	<u> </u>				<u> </u>		450,000	D ⁽²⁾		
Commor	1 Stock														450,000	D ⁽³⁾		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Security Conversion or Exercise Date (Month/Day/Year) Execution Date, if any		Transaction of E		Expiration	xpiration Date A Month/Day/Year) S U D S S			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price o Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code V	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nui of	ount mber ares					
Willia	1. Name and Address of Reporting Person* <u>William H.C. Chang & Diana Shon Chang TTEE</u> <u>Chang Family Trust U/A DTD 10/23/2006</u>																	
1		(First) ENTIFIC, INC. SUITE 110.	(Midc	lle)														
(Street) SAN JO	SE	CA	9511	2														
(City)		(State)	(Zip)															
1. Name and Address of Reporting Person [*] <u>Chang William H</u>																		
1		(First) ENTIFIC, INC. SUITE 110.	(Midc	lle)														
(Street) SAN JO	SE	CA	9511	.2														
(City)		(State)	(Zip)															

1. Name and Address of Reporting Person* Chang Diana Shon						
(Last) C/O SEMLER SC 911 BERN COUR	(Middle)					
(Street) SAN JOSE	CA	95112				
(City)	(State)	(Zip)				

Explanation of Responses:

1. Shares are held directly by William H.C. Chang & Diana Shon Chang TTEE Chang Family Trust U/A DTD 10/23/2006 (the "Trust").

2. Shares are held in six GRATs, for which Mr. Chang acts as sole Trustee and has voting and investment control.

3. Shares are held in six GRATs, for which Mrs. Chang acts as sole Trustee and has voting and investment control.

<u>/s/ William H.C. Chang, Co-</u> <u>Trustee</u>	<u>01/27/2020</u>				
/s/ William H.C. Chang	01/27/2020				
<u>/s/ Diana Shon Chang</u>	01/27/2020				
** 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.