FORM 4

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

OMB APPR	OVAL				
OMB Number:	3235-0287				
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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 OF SECURITIES

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* MOYES JAY M (Last) (First) (Middle) 19820 NORTH CREEK PARKWAY, SUITE 201				2. Issuer Name and Ticker or Trading Symbol ACHIEVE LIFE SCIENCES, INC. [ACHV] 3. Date of Earliest Transaction (Month/Day/Year) 08/01/2017						_x_	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director					
(Street) BOTHELL, WA 98011									_X_ F	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person						
(Cit	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acqui						uired,	ired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)		on D	ate, if		8) (sed of (D) ad 5)	of (D) Owned Following Reported Transaction(s) (Instr. 3 and 4)		d (Ownership of B	. Nature f Indirect deneficial Ownership Instr. 4)	
1. Title of	2	3. Transaction	Table II -		ts, ca		rants	display uired, Disp , options, co	nvertible se	tly valid (Beneficiall ecurities)	y Own	ed	number.	9. Number o	f 10.	11. Natur
	Conversion	Date (Month/Day/Year)	Execution Date, if	f Transaction Code				(Month/Day/Year)		of Und ear) Securit		erlying Derivative		Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownership Form of Derivative Security: Direct (D) or Indirect	of Indirect Beneficia Ownershi (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title		Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option	\$ 4.57	08/01/2017		A		16,400		(1)	08/01/20	Com	nmon ock	16,400	\$ 0	16,400	D	

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
MOYES JAY M 19820 NORTH CREEK PARKWAY SUITE 201 BOTHELL, WA 98011	X					

Signatures

Sandra Thomson Attorney-in-fact for Jay Moyes	08/03/2017
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) The options vest in monthly installments over 36 months commencing one month from August 1, 2017.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.