## FORM 4

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

OMB APPROVAL				
OMB Number:	3235-0287			
Estimated average burden				
houre par racpanca	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 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

(Print or Ty	pe response	5)													
1. Name and Address of Reporting Person – JACOBS CINDY			2. Issuer Name and Ticker or Trading Symbol ACHIEVE LIFE SCIENCES, INC. [ACHV]					5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
	(Last) (First) (Middle) 19820 NORTH CREEK PARKWAY, SUITE 201			3. Date of Earliest Transaction (Month/Day/Year) 08/01/2017						X_Officer (give title below) Other (specify below)  EVP, CMO					
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year) 08/03/2017						6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
BOTHELL, WA 98011 (City) (State) (Zip)			Table L. Non Darivative Securities Accu					es Acquire	uired, Disposed of, or Beneficially Owned						
1.Title of S (Instr. 3)	1.Title of Security 2. Transaction Date			2A. Deemed 3. Transaction Execution Date, if Code 4. Securities Acquired (A) or Disposed of (D)		uired of (D) Ov	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		neficially 6 C F D	wwnership of orm: Be birect (D) Ov Indirect (Ir	eneficial wnership				
							Code	e V A	mount (D)	Price	Price		(I	nstr. 4)	
Reminder:								in this f	s who respon orm are not r	equired to	respond u				74 (9-02)
Reminder:			Table II					in this f a curren	orm are not r ntly valid OM sed of, or Bend	equired to B control eficially Ov	respond u number.				/4 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if	(e.g., p) 4. Transact Code	sion De Se Ac or (D (In	Number erivative ecurities equired ( Dispose	(A)	in this f a currentired, Dispo options, co	orm are not rently valid OM sed of, or Benovertible secur reisable and Date	equired to B control eficially Ov ities)	o respond unumber.  wned  d Amount ying	8. Price of		10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	(e.g., p) 4. Transact Code	sion De Se Ac or (D (In	Number erivative ecurities equired (Dispose D) nstr. 3, 4	(A) ed of	in this f a currentired, Dispo options, con 6. Date Exe Expiration I	orm are not rently valid OM sed of, or Bennivertible securities and Date t/Year)  Expiration	eficially Ovities) 7. Title an of Underly Securities	o respond unumber.  wned  d Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indired Beneficia Ownersh

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
JACOBS CINDY 19820 NORTH CREEK PARKWAY, SUITE 201 BOTHELL, WA 98011			EVP, CMO		

### **Signatures**

Sandra Thomson as attorney-in-fact for Cindy Jacobs.	09/12/2017
**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) This amended Form 4 is filed to correct the exercise price to reflect that the grant was effective as of the issuer's first open trading window after approval of the grant. All other terms remain the same.
- (2) The options vest as to 25% on August 1, 2018 and thereafter in monthly installments over 36 months.

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 no	ot required to respond unless the form displays a currently valid OMB number.