FORM 4

Instruction 1(b).

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

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

OMB APPROVAL
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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 * PARKER H STEWART				2. Issuer Name and Ticker or Trading Symbol ACHIEVE LIFE SCIENCES, INC. [ACHV]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director 10% Owner					
(Last) (First) (Middle) 19820 NORTH CREEK PARKWAY, SUITE 201			3. Date of Earliest Transaction (Month/Day/Year) 08/01/2017					-	Officer (give	title below)	Other	(specify below)			
(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															
(Cit	(City) (State) (Zip)					Table	I - Non-De	rivative S	Securities	Acquire	nired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)	(Instr. 3) Date		2. Transaction Date (Month/Day/Year	r) any	ion Date, if	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(D) Ov	Amount of So wned Followi ransaction(s)		I C F	ownership of orm:	eneficial
					n/Day/Year)		ode V	(A) or Amount (D)		(Ir	Instr. 3 and 4)		0:	r Indirect (Ir	wnership nstr. 4)
Reminder:	Report on a	separate line for each	class of securities	beneficial	ly owned di	rectly			respond	to the c	collection of	f informati	on containe	1 SEC 147	74 (9-02)
Reminder:	Report on a	separate line for each		- Derivat	tive Securiti	es Ac	Perso in this a curr quired, Disp	ns who in form are ently values	e not re lid OMB or Benef	quired to control icially Ov	o respond ι number.		on contained form display		74 (9-02)
1. Title of Derivative	2. Conversion	3. Transaction	Table II 3A. Deemed Execution Date, if	- Derivat (e.g., pu 4. Transact Code	tive Securiti tts, calls, wa 5. Num of Deriv Securiti	ber vative des ed (A) osed	Perso in this a curr quired, Disp s, options, c 6. Date Exe Expiration (Month/Da	ns who is form are ntly valued on the one of	e not re lid OMB or Benef le securit	quired to control icially Ov ties)	o respond unumber. wned and Amount rlying	8. Price of		10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II 3A. Deemed Execution Date, if any	- Derivat (e.g., pu 4. Transact Code	5. Num of Deriv Securiti Acquire or Disp of (D) (Instr. 3	ber vative des ed (A) osed	Perso in this a curr quired, Disp s, options, c 6. Date Exe Expiration (Month/Da	ns who i form ar ently val cosed of, onvertible recisable a Date y/Year)	re not re lid OMB or Benef de securit and	quired to control icially Ovies) 7. Title a of Under Securities	o respond unumber. wned and Amount rlying	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 Indirec Beneficia Ownersh

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
PARKER H STEWART 19820 NORTH CREEK PARKWAY SUITE 201 BOTHELL, WA 98011	X					

Signatures

Sandra Thomson as attorney-in-fact for Stewart Parker.	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.

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.