FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL							
OMB Number:	OMB Number: 3235-0104						
Estimated average burden							
hours per response	: 0.5						

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* <u>JFL Capital Management, LLC</u>			2. Date of Event Requiring Staten Month/Day/Year 07/27/2018	nent	3. Issuer Name and Ticker or Trading Symbol CATALYST BIOSCIENCES, INC. [ CBIO ]							
(Last) (First) (Middle) 2110 RANCH ROAD 620 S		0//2//2016		Relationship of Reporting Perso (Check all applicable)     Director     Officer (give title X	10% Owne	er (1	5. If Amendment, Date of Original Filed (Month/Day/Year) 07/27/2018					
(Street) LAKEWAY (City)	TX (State)	78734 (Zip)			below) 5% owner	below)	Appl	Applicable Line)  X Form filed by  Form filed by	· ′			
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securi		4. Conversion or Exercise	se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiratio Date	n Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) e or Indirect (I) (Instr. 5)				

## **Explanation of Responses:**

Original Form 3 filed in error on July 27, 2018. Should file on Schedule 13-G.

No securities are beneficially owned.

07/27/2018 **Rex Merchant** 

\*\* 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 5 (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.