

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL	
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INITIAL STATEMENT OF 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* <u>ESHELMAN FREDRIC N</u> <hr/> (Last) (First) (Middle) C/O ARAVIVE, INC. RIVER OAKS TOWER, 3730 KIRBY DRIVE, SUITE 1200 <hr/> (Street) HOUSTON TX 77098 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 04/08/2020	3. Issuer Name and Ticker or Trading Symbol <u>Aravive, Inc. [ARAV]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	931,098	I	See footnote ⁽¹⁾

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 Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>ESHELMAN FREDRIC N</u> <hr/> (Last) (First) (Middle) C/O ARAVIVE, INC. RIVER OAKS TOWER, 3730 KIRBY DRIVE, SUITE 1200 <hr/> (Street) HOUSTON TX 77098 <hr/> (City) (State) (Zip)

1. Name and Address of Reporting Person* <u>Eshelman Ventures, LLC</u> <hr/> (Last) (First) (Middle) C/O ARAVIVE, INC. RIVER OAKS TOWER, 3730 KIRBY DRIVE, SUITE 1200 <hr/> (Street) HOUSTON TX 77098 <hr/> (City) (State) (Zip)

Explanation of Responses:

1. Eshelman Ventures, LLC is the record holder of the securities. Dr. Fredric Eshelman is the founder and principal of Eshelman Ventures, LLC and may be deemed to beneficially own the securities held by Eshelman Ventures, LLC. Dr. Eshelman disclaims beneficial ownership of the securities except to the extent of his pecuniary interest therein.

Remarks:

ESHELMAN
VENTURES, LLC, By: /s/
Frederic N. Eshelman, 04/10/2020
Name: Frederic N.
Eshelman, Title: Managing
Member
/s/ Fredric N. Eshelman 04/10/2020
** 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 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.