

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF  
SECURITIES

OMB APPROVAL	
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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>Vivo Ventures VI, LLC</u>  (Last) (First) (Middle) <u>575 HIGH STREET, SUITE 201</u>  (Street) <u>PALO ALTO CA 94301</u>  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>03/22/2016</u>	3. Issuer Name and Ticker or Trading Symbol <u>Eiger BioPharmaceuticals, Inc. [ EIGR ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 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	1,587,960	I	See footnote 1 <sup>(1)</sup>
Common Stock	11,632	I	See footnote 2 <sup>(2)</sup>

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>Vivo Ventures VI, LLC</u>  (Last) (First) (Middle) <u>575 HIGH STREET, SUITE 201</u>  (Street) <u>PALO ALTO CA 94301</u>  (City) (State) (Zip)
1. Name and Address of Reporting Person* <u>VIVO VENTURES VI AFFIILATES FUND, L.P.</u>  (Last) (First) (Middle) <u>575 HIGH STREET, SUITE 201</u>  (Street) <u>PALO ALTO CA 94301</u>  (City) (State) (Zip)
1. Name and Address of Reporting Person* <u>Vivo Ventures Fund VI, L.P.</u>  (Last) (First) (Middle) <u>575 HIGH STREET, SUITE 201</u>  (Street) <u>PALO ALTO CA 94301</u>  (City) (State) (Zip)

(City)	(State)	(Zip)
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Explanation of Responses:

1. Shares are held by Vivo Ventures Fund VI, L.P. ("Fund VI"). Vivo Ventures VI, LLC, the sole general partner of Fund VI, may be deemed to be the beneficial owner of the shares held by Fund VI. Vivo Ventures VI, LLC hereby disclaims any beneficial ownership of any shares directly held by Fund VI, except to the extent of its pecuniary interest therein.
2. Shares are held by Vivo Ventures VI Affiliates Fund, L.P. ("VI Affiliates Fund"). Vivo Ventures VI, LLC, the sole general partner of VI Affiliates Fund, may be deemed to be the beneficial owner of the shares held by VI Affiliates Fund. Vivo Ventures VI, LLC hereby disclaims any beneficial ownership of any shares directly held by VI Affiliates Fund, except to the extent of its pecuniary interest therein.

Remarks:

<u>/s/ Frank Kung as a Managing Member of Vivo Ventures VI, LLC</u>	<u>03/22/2016</u>
<u>/s/ Frank Kung as a Managing Member of Vivo Ventures VI, LLC, the General Partner of Vivo Ventures VI Affiliates Fund, L.P.</u>	<u>03/22/2016</u>
<u>/s/ Frank Kung as a Managing Member of Vivo Ventures VI, LLC, the General Partner of Vivo Ventures Fund VI, L.P.</u>	<u>03/22/2016</u>
** 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.