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

OMB APPROVAL					
DMB Number:	3235-0287				
Estimated average burden					
ours per respon	se 0.5				

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

of Reporting Per	rson *	2. Issuer Name and Ticker or Trading Symbol MARIMED INC. [MRMD]				5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/30/2018				-					elow)	
(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person						
02445							-	Form file	d by More than	One Reporting l	Person	
(State)	(Zip)	Tab	ole I - Non-	Deri	vative Se	curities A	Acquir	red, Dispo	osed of, or l	Beneficially	Owned	
I	Date		Code (Instr. 8)	(A) or Disposed of (D) (Instr. 3, 4 and 5)					Following (s)	Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	V	Amount		Price				(Instr. 4)	
(	01/30/2018		S		100,000	D	\$ 1.16	1,996,66	67		D	
(	01/31/2018		S		150,000	11)		1,846,66	57		D	
(	02/01/2018		S		50,000	D	\$ 1.08	1,796,66	57		D	
separate line for	r each class of secu	urities beneficially o	owned direc	ctly o	r							
				cont	ained in	this for	m are	not req	uired to re	formation spond unl itrol numb	ess	EC 1474 (9- 02)
		Derivative Securiti 2.g., puts, calls, wa	es Acquire	cont the f	ained in orm disp sposed of	this for plays a o	m are curre: eficial!	not req	uired to re d OMB cor	spond unl	ess	
3. Transaction n Date e (Month/Day/Y	3A. Deemed Execution Da	2.g., puts, calls, wa 4. Transaction Code Year) (Instr. 8)	es Acquire rrants, op 5. Number	the f d, Di tions,	ained in form disp sposed of converti- ate Exerci- Expiration	this for plays a control of the securion isable in Date	eficiallities) 7. Ti Amo Unde	not req	uired to re d OMB cor	spond unlatrol numb	of 10. Ownersl Form of Derivati Security Direct (1 or Indire	11. Nature of Indirec Beneficial Ownership (Instr. 4)
,	(Street) A 02445 (State)	(First) (Middle) (Street) (A 02445 (State) (Zip)  2. Transaction Date (Month/Day/Year)  01/30/2018  01/31/2018  02/01/2018	(First) (Middle) 3. Date of Earliest 01/30/2018  (Street) 4. If Amendment,  (State) (Zip) Tate  2. Transaction Date (Month/Day/Year) (Month/Day/Year)  01/30/2018  01/31/2018  02/01/2018	(Street)  (Street)  (Street)  (State)  (State)  (State)  (State)  (State)  (Zip)  (Zip)  (Zip)  (State)  (Zip)  (Zip)  (A. Deemed Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Code (Instr. 8)  (A. Deemed Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  (Code (Instr. 8)  (Code	Code   V   O1/30/2018   S   O2/01/2018   O2/01/2018   S   O2/01/2018   S   O2/01/2018   S   O2/01/2018   O2/01/2018   S   O2/01/2018   O	(First) (Middle) 3. Date of Earliest Transaction (Month/Day/01/30/2018  4. If Amendment, Date Original Filed(Month/A 02445  (State) Table I - Non-Derivative Section Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) Code (A) or Diction Date (Instr. 8) (Instr. 3, 100,000) (Instr. 3, 100,	Code   V   Amount   Code   V   Amount   Code   V   Amount   Code   V   Amount   Code   Code	Code   V Amount   Code   V Amount   Code   Code	Street   Street   A 02445   Cap   Table I - Non-Derivative Securities Acquired, Date (Month/Day/Year)   Code (Month/Day/Year)   Code (Instr. 8)   Code (Instr. 3, 4 and 5)   Code (Instr. 3 and 5)	Code   V   Amount   Code   V   Amount   Code   V   Amount   Code   V   Amount   Code   Code	Size   Code   Code	Size   Code   Code

Reporting Owner Name / Address	Relationships					
·r· · · · · · · · · · · · · · · · · · ·		10% Owner	Officer	Other		
KIDRIN THOMAS						
11 ROYAL ROAD	X					
BROOKLINE, MA 02445						

## **Signatures**

/s/ Thom Kidrin	02/01/2018
**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).

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.