FORM 4	4
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(Print or Type Responses)

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

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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

1. Name and Address of Reporting Person <sup>*</sup> Selhub Eva M.D.	2. Issuer Name and Ticker or Trading Symbol MARIMED INC. [MRMD]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) C/O MARIMED INC., 10 OCEANA	*** * * *	3. Date of Earliest Transaction (Month/Day/Year) 09/27/2019					Officer (give title below)Oth	er (specify belo	w)		
(Street) NORWOOD, MA 02062		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 Form filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
	2. Transaction Date (Month/Day/Year)	Execution Date, if	(Instr. 8)	ion V	4. Securi (A) or D (Instr. 3, Amount	4 and 5) (A) or		Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial Ownership	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
	Conversion		3A. Deemed Execution Date, if any (Month/Day/Year)	Code	)	5. Number of Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s)	Derivative Security: Direct (D) or Indirect (I)	Beneficial
				Code	v	(A)	(D)	Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Option to buy common stock	\$ 0.9922	09/27/2019		А		100,000		(2)	09/27/2024	Common Stock, par value \$.001 per share	100,000	<u>(1)</u>	100,000	D	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Selhub Eva M.D. C/O MARIMED INC. 10 OCEANA WAY NORWOOD, MA 02062	Х							

## Signatures

/s/ Eva Selhub, M.D.	09/30/2019	
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) Not applicable.
- (2) Immediately.

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.