

(Print or Type Responses)

1. Name and Address of Reporting Person\*

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

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

### 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

3. Issuer Name and Ticker or Trading Symbol

2. Date of Event Requiring

Gildea Edward J		nt (Month/D	ay/Year)	MARIMED IN	MARIMED INC. [MRMD]			
(Last) (First) (Middle) C/O MARIMED INC., 10 OCEANA WAY				4. Relationship of Issuer (Check X Director	Reporting Persor all applicable)	Filed(Mon	endment, Date Original th/Day/Year)	
(Street) NORWOOD,, MA 02062				Officer (give title below)	deOther (spec	Applicable l _X_ Form fi	lual or Joint/Group Filing(Check Line) iled by One Reporting Person led by More than One Reporting Person	
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)		Ве		y Owned		4. Nature of Indire (Instr. 5)	ect Beneficial Ownership	
unless the form dis	nd to the c plays a cui	ollection or rently vali	of inforrid OMB	mation contained in t		·		
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable and Expiration Date (Month/Day/Year)		on Date	3. Title and Amount of Securities Underlying Deriva Security (Instr. 4)		Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title 113	amount or Number of hares	Security	(D) or Indirect (I) (Instr. 5)		

### **Reporting Owners**

Panarting Owner Name /	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Gildea Edward J C/O MARIMED INC. 10 OCEANA WAY NORWOOD,, MA 02062	X				

# **Signatures**

/s/ Edward J. Gildea	09/30/2019
**Signature of Reporting Person	Date

## **Explanation of Responses:**

### No securities are beneficially owned

- \* 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.

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.