FORM 4

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

OMB APPROVAL
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

(Print or Type Responses)

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

Name and Address of Reporting Person Fireman Robert N				MARIMED INC. [MRMD]								5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ DirectorX_ 10% Owner					
C/O MARIMED INC., 10 OCEANA WAY				3. Date of Earliest Transaction (Month/Day/Year) 12/04/2019									X Officer (give title below) Other (specify below) President and CEO					
NORWC	OOD,, MA	(Street) 02062		4. If An	nend	lment,	, Date Orig	inal Filed	(Month/D	ay/Year)			o. Individual o X_Form filed by _Form filed by	One Reporting I		Applicable Li	ne)	
(Cit	y)	(State)	(Zip)				Table 1	I - Non-D	erivativ	e Secui	ritie	s Acquir	ed, Disposed	of, or Benef	ficially Owne	ed		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, if any (Month/Day/Year)		if Code (Instr.	3. Transaction Code (Instr. 8)			d of 5)	f(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of I Ben Ow	Nature indirect deficial nership ttr. 4)		
Common stock 12/0			12/04/2019				M		100,0	Ì	<i>)</i>	¢	23,355,218	(1)		D		
Common stock			12/04/2019			М		100,0	00 A		\$ 0.14	23,455,218	(1)		D			
	2.	3. Transaction		- Deriv	ative	Secu calls,	rities Acq	Perso in thi a cur uired, Dis	ons whis form rently sposed conver	are no valid C of, or B	ot re OMB enef	equired 3 contro ficially C ties)	collection of to respond I number. Dwned		form displa	ays		1 (9-02)
Derivative Security (Instr. 3)	Conversion	Date	Execution Date, if	Transaction Deriva Code Securit (Instr. 8) Acquir		vative arities uired (A) risposed of ar. 3, 4,	Expiration (Month/I	on Date	Date		of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)		Owner Form of Deriva Securit Direct or Indi	ship of tive ty: (D) rect	hip of Indirect Beneficia Ve Ownershi (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisa		oiration te		Title	Amount or Number of Shares		(msu. 1)	(msu.	.,	
Option to buy common stock	\$ 0.08	12/04/2019		M			100,000	(2)	12	/20/20		Comm Stock par val \$.001 p share	t, ue 100,000 per	(3)	0	D		
Option to buy common stock	\$ 0.14	12/04/2019		M			100,000	(2)	12	/31/20		Comm Stock par val \$.001 p share	ue 100,000 per	(3)	0	D		
Option to buy common stock	\$ 0.13							(2)	06	/29/20:		Comm Stock par val \$.001 p share	ue 100,000 per)	100,000) D		
Option to buy common stock	\$ 0.14							(2)	12	/31/20	20	Comm Stock par val \$.001 p	ue 100,000 per)	100,000) D		
Option to buy common stock	\$ 0.63							(2)	12	/31/20:		Comm Stock par val \$.001 p	ue 100,000 per)	100,000) D		

Reporting Owners

D (O N /	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Fireman Robert N C/O MARIMED INC. 10 OCEANA WAY NORWOOD,, MA 02062	X	X	President and CEO					

Signatures

/s/ Robert N. Fireman	04/28/2020			
**Signature of Reporting Person	Date			

Explanation of Responses:

- \star 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) Includes 6,684,640 shares of common stock held in the name of the RNF Holdings Trust.
- (2) Immediately.
- (3) Not applicable.

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.