FORM 4

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

| OIVIB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burden | | | | | | |
| hours per response | 0.5 | | | | | |

Check this box if no 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

| (Print or Ty | pe Responses | s) | | | | | | | | | | | | | |
|--|---|---|--|---|------------|--|--|---|---|---|---|---|--|---|------------------------------------|
| 1. Name and Address of Reporting Person – Allen David R | | | | 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) (Middle) C/O MARIMED INC., 10 OCEANA WAY | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/09/2021 | | | | | | | Officer (give title below)Other (specify below) | | | | |
| (Street) NORWOOD,, MA 02062 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | |
| (Cit | | (State) | (Zip) | | | Т | able | I - Non-Der | ivative Securit | ies Acquir | red, Disposed | of, or Benef | icially Owner | d | |
| (Instr. 3) | | 2. Transaction Date (Month/Day/Year | 2A. Deemed Execution Date, i r) any (Month/Day/Year | | Date, if (| (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Owned Following Reported Ownership Form: Ben | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | (Month/Day/ 1 | | ay/ 1 car) | Coc | le V | (A) o Amount (D) | ì | mou. 5 and 4) | u. 3 anu 4) | | r Indirect (I) Instr. 4) | |
| Reminder: | Report on a s | separate line for each | | - Deriva | ıtive | Securitie | s Acq | Persor in this a curre | s who respo form are not ently valid ON | required IB contro | to respond ι I number. | | | | 474 (9-02) |
| | 2. Conversion or Exercise Price of Derivative Security | ion Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. 5. Nur Transaction Deriva Code Securi (Instr. 8) Acquin or Dis (D) (Instr. | | 5. Number Derivative Securities Acquired or Dispos | mber of artive rities (Month/I) sposed of C. 3, 4, | | n Date of U Day/Year) Secu | | and Amount rlying es and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) | Ownershi Form of Derivativ Security: Direct (D or Indirect | Beneficia Ownersh (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
| Option to buy common stock | \$ 0.88 | 07/09/2021 | | A | | 100,000 |) | (2) | 07/09/2020 | Comm Stock par val \$.001 p share | k, lue 100,000 per | (1) | 100,000 | D | |
| Option to buy | \$ 0.9922 | | | | | | | (2) | 09/27/2024 | Comm Stock | | | 100,000 | D | |

Reporting Owners

| P (O N) | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Allen David R C/O MARIMED INC. 10 OCEANA WAY NORWOOD,, MA 02062 | X | | | | | |

Signatures

| /s/ David R. Allen | 07/13/2021 |
|---------------------------------|------------|
| **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.