#### FORM 4

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

OMB APPR	ROVAL				
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 Response	s)													
1. Name and Address of Reporting Person Selhub Eva M.D.  (Last) (First) (Middle)  C/O MARIMED INC., 10 OCEANA WAY			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					
				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)						_X_	6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person						
(Cit		(State)	(Zip)			Т	able ]	I - Non-Der	vative Securiti	es Acquired	lired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, it any (Month/Day/Year		Date, if	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Benef Owned Following Reported Transaction(s) (Instr. 3 and 4)		( I	Ownership o Form:	7. Nature of Indirect Beneficial Ownership	
				(Month/Day/16		ay/ 1 car)	Coc	le V A	(A) or (D)	Price	1. <i>3</i> and 4)		(	r Indirect (Indirect (Indi	
Reminder:	Report on a s	separate line for each		- Deriva	ıtive	Securitie	s Acq	Person in this a curre	s who resport form are not rently valid OM osed of, or Benon	equired to B control r	respond u number.				474 (9-02)
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	Execution Date, if	4. 5. Nun Transaction Deriva Code Securit (Instr. 8) Acquir or Disp (D)		5. Number Derivative Securities Acquired or Dispose (D) (Instr. 3,	mber of attive Expirati (Month/sposed of S. 3, 4,		ercisable and Date	7. Title and of Underly Securities	7. Title and Amount of Underlying		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownershi Form of Derivative Security: Direct (D) or Indirec	Beneficial Ownershi (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)	07/09/2026	Common Stock, par value \$.001 per share	100,000	(1)	100,000	D	
Option										Commor Stock.	1				

### **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	X					

## **Signatures**

/s/ Eva Selhub, M.D.	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.