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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average but	ırden					
hours per response	0.5					

longer subject to Section 16. Form 4 or Instruction 1(b).

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may 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	)																		
1. Name and Address of Reporting Person * Shaw Timothy					2. Issuer Name and Ticker or Trading Symbol MARIMED INC. [MRMD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner X Officer (give title below) Other (specify below)  Chief Operating Officer							
C/O MARIMED INC., 10 OCEANA WAY					3. Date of Earliest Transaction (Month/Day/Year) 07/09/2021							_X								
(Street) NORWOOD,, MA 02062					4. If Amendment, Date Original Filed(Month/Day/Year)							_X_	6. Individual or Joint/Group Filing(Check Applicable Line)  X. Form filed by One Reporting Person  Form filed by More than One Reporting Person							
(Cit		(State)	(Zip) Table I - Non-Derivativ						ivative :	tive Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yes			ear) Ex	2A. Deemed Execution Date, if any (Month/Day/Year)			(Instr. 8)		4. Securities Acq (A) or Disposed (Instr. 3, 4 and 5)		uired 5. Amount of Sec		curities Beneficially g Reported		Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Co	de	V A	Amount	(D)	Price				Instr. 4)				
Common	stock											7,8	49,508		]	)				
Common	stock											2,0	000,000		1		By the Shaw Family Trust (1)			
			Table			ve Securitie		cı uired,	urrent Dispo	sed of,	or Benef	control nur								
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	5. Number of 6. Date Exe ransaction Derivative Expiration ode Securities (Month/Date		Date Underl			lying Securities De		9. Number o Derivative Securities Beneficially Owned Following Reported	Owners Form o Derivat Securit Direct ( or India	ttive (Instr. 4)						
							Code	V	(A)	(D)	Date Exerc	cisable	Expira Date	tion	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)	(I) (Instr. 4	4)
Option to buy common stock	\$ 0.88	07/09/2021		A		1,250,00	0		(2)	07/09		Common Stock, par value \$.001 per share	1,250,000	(3)	1,250,000	D				
Option to buy common stock	\$ 0.3								(4)	03/31		Common Stock, par value \$.001 per share	50,000		50,000	D				

# **Reporting Owners**

ĺ	P ( O N /	Relationships							
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
	Shaw Timothy C/O MARIMED INC. 10 OCEANA WAY NORWOOD,, MA 02062			Chief Operating Officer					

## **Signatures**

/s/ Timothy Shaw	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).
- The reporting person's spouse is the truste of the trust and the shares held in the trust are for the benefit of the reporting person's children. The trust is an irrevocable trust. The reporting person (1) disclaims beneficial ownership of these securities, and the filing of this report is not an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.
- (2) Granted to the reporting person on July 9, 2021 (the "Grant Date"), this option is exercisable to acquire 50% of the underlying shares on the Grant Date and 100% of the shares on or after the one-year anniversary of the Grant Date.
- (3) Not applicable.
- (4) 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.