(City)

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287
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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).

(State)

(Zip)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

10b5-1(c). See Instruction 10.								
Name and Address of Reporting Person*  Levine Jon R		2. Issuer Name <b>and</b> Ticker or Trading Symbol MARIMED INC. [ MRMD ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 04/02/2024	X Director 10% Owner  X Officer (give title below) below)					
C/O MARIMED INC.			President and CEO					
10 OCEANA WAY  (Street)  NORWOOD, MA	02062	4. If Amendment, Date of Original Filed (Month/Day/Year)	Form filed by More than One Reporting Person  Form filed by More than One Reporting Person  Form filed by More than One Reporting Person					

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transaction Code (Instr. 8)  4. Securities Acq Disposed Of (D) (				Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
				v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common stock								20,229,020	D	
Common stock								6,684,640	I	By the Jon Levine Family Trust <sup>(1)</sup>

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Restricted Stock Units (RSU)	(2)	04/02/2024		A		69,110		(3)	(3)	Common Stock, par value \$.001 per share	69,110	\$0	69,110	D	

### Explanation of Responses:

- 1. These shares are held in trust for the benefit of the reporting person's spouse and children. The reporting person 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. RSUs convert to shares of common stock on a one-for-one basis.
- 3. The RSUs will vest over a three-year period as follows: one-third (1/3) will vest one year from the date of grant and one-sixth (1/6) will vest every six months thereafter, on October 2 and April 2, for the following two years through April 2, 2027 in accordance with the terms of an award agreement between the Issuer and the Reporting Person.

#### Remarks:

<u>/s/ Jon R. Levine</u> <u>04/03/2024</u>

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.