

## 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

1. Name and Address of Reporting Person * <u>Shaw Timothy</u>  (Last) (First) (Middle) C/O MARIMED INC. 10 OCEANA WAY  (Street) NORWOOD, MA 02062  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>MARIMED INC. [ MRMD ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) Other (specify below) <b>Chief Operating Officer</b>
	3. Date of Earliest Transaction (Month/Day/Year) 10/27/2022	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common stock							8,299,508	D		
Common stock							2,000,000	I	By the Shaw 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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 Transaction(s) (Instr. 4)	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					
Restricted Stock Units (RSU)	(2)	10/27/2022		A		666,667		(3)	(3)	Common Stock, par value \$.001 per share	\$0	666,667	D	
Option to buy common stock	\$0.898							(4)	10/01/2026	Common Stock, par value \$.001 per share		1,250,000	D	
Option to buy common stock	\$0.88							(4)	07/09/2026	Common Stock, par value \$.001 per share		1,250,000	D	
Option to buy common stock	\$0.3							(4)	03/31/2025	Common Stock, par value \$.001 per share		50,000	D	

## Explanation of Responses:

- The reporting person's spouse is the trustee 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 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.
- The RSUs were granted to the Reporting Person in accordance with Rule 16b-3(d) of the Securities Exchange Act of 1934, as amended. Each RSU represents a contingent right to receive one share of the Issuer's common stock. RSUs convert to common stock on a one-for-one basis.
- The RSUs vest over a three year period in equal one-sixth installments every six months following the October 27, 2022 grant date, in accordance with the terms of an award agreement between the Issuer and the Reporting Person.
- Immediately.

/s/ Timothy Shaw

10/28/2022

\*\* Signature of Reporting Person

Date

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

\* 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.