## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

STATEMENT	OF (	CHANGES	IN BENEFI	CIAL	OWNERSHIP	)

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
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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).

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>Cozad Jeffrey Alley</u>														ationship of k all applica Director		Person X	10% Ow	ner	
(Last) (First) (Middle) 4740 W. MOCKINGBIRD LANE					3. Date of Earliest Transaction (Month/Day/Year) 03/03/2021									Officer (g below)	give title		Other (sp below)	pecify	
P.O. BOX	195579			4.									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)  DALLAS	ТУ	ζ	75209									X		,		ting Person One Reporti	ng		
(City)	(St	ate)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
		Dat	е	th/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispo		curities Acquired (A) o osed Of (D) (Instr. 3, 4			5. Amount Securities Beneficiall Owned Fol Reported	Fo ly (D)	Form:	Direct I Indirect E tr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code V Amount (A) or (D)		() or ()	rice	Transactio (Instr. 3 an	tion(s)		(	nstr. 4)				
			Table II - Der (e.g									of, or Be rtible se			wned				
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, Transac ecurity or Exercise (Month/Day/Year) if any Code (In		nsaction of Exp			Expir	Date Exercisable and xpiration Date Month/Day/Year)		7. Title and Amount Securities Underlyin Derivative Security ( 3 and 4)		ing	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exerc	cisable	Expir Date	ation	Title	Amount Number Shares						
Series A Cumulative Convertible Preferred Stock	\$1.2 <sup>(1)</sup>	03/03/2021		P		2,100		(	2)	(:	2)	Common Stock	1,750,	000(3)	\$1,000	25,35	50	I	See Footnote <sup>(4)</sup>

## **Explanation of Responses:**

- 1. Subject to adjustment, as described in the Certificate of Designation of Series A Cumulative Convertible Preferred Stock (the "Certificate of Designation") of Medicine Man Technologies, Inc. (the "Company").
- 2. The shares of Series A Cumulative Convertible Preferred Stock (the "Series A Preferred Shares") are convertible into shares of the Company's common stock (the "Common Shares") upon the events specified in the Certificate of Designation. The Series A Preferred Shares have no expiration date.
- 3. Represents the number of Common Shares issuable upon conversion of the Series A Preferred Shares on the date of the reported transaction. Each Series A Preferred Share shall be convertible into that number of Common Shares equal to the preference amount (initially \$1,000) plus any accrued dividends with respect to such share, divided by the conversion price (initially \$1.20), subject to adjustment as set forth in the Certificate of Designation. The Series A Preferred Shares earn a cumulative dividend of 8% per annum.
- 4. CRW Capital Cann Holdings, LLC (the "Holder") is the record holder of the reported shares. Mr. Cozad is a manager of CRW Capital, LLC, which is the sole manager of the Holder. Mr. Cozad disclaims beneficial ownership of the reported shares except to the extent of his pecuniary interest therein.

/s/ Jeffrey A. Cozad

03/09/2021

\*\* Signature of Reporting Person

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.