FORM 4

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

Washington,	D.C.	20549	
-------------	------	-------	--

Sheck this box if no longer subject STATE Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* HOFFMASTER FORREST					Medicine Man Technologies, Inc. [ SHWZ ]								(Che	ck all app Direc	,	ng Pers	10% Ov		
(Last)	(Fir	est) (M	Middle)	S, INC.	3. Date of Earliest Transaction (Month/Day/Year) 05/03/2024							X	belov	v) ``	below)		specify		
865 N. ALBION ST., STE. 300					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) DENVE	R CC	8	0220			X Form filed by One Reporting Person Form filed by More than One Reporting Person													
(City)	(St	ate) (Z	Zip)		Rul	Rule 10b5-1(c) Transaction Indication													
		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																	
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	uired	, Dis	posed of	, or E	Benef	ficial	y Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day			/Year) Execution		eemed Ition Date, h/Day/Year)					s Acquired (A) f (D) (Instr. 3, 4				ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or P	Price		ction(s) 3 and 4)			(Instr. 4)	
Common Stock 05/03			05/03/2	2024			A		18,204 <sup>(1)(2)</sup> A		4 :	<b>\$</b> 0.00	00 43,204		D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Conversion or Exercise Price of Derivative Security  (Instr. 3)  2. Conversion Date (Month/Day/Year)  3A. Deemed Execution Date, if any (Month/Day/Year)					Transaction of Code (Instr. Derivative		rative rities ired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		str.	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y O F D oi (I)	0. Ownership orm: Direct (D) r Indirect ) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sahle	Expiration Date	Title	or Numb of Share						

## **Explanation of Responses:**

- 1. Shares issuable pursuant to performance stock units ("PSU's"), granted on May 3, 2023, of which 18,204 shares vested on May 3, 2024.
- 2. Each PSU represented a contingent right to receive shares of common stock based upon the degree to which one or more of the performance metrics contained in the PSU award agreement are satisfied. The number of shares issued above reflect the achievement of the performance metrics for the performance period of the grant, which occurred on May 3, 2024.

## Remarks:

Interim Chief Executive Officer and Chief Financial Officer

/s/ Forrest Hoffmaster 05/07/2024

\*\* 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.