FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person* Dye Justin					2. Issuer Name and Ticker or Trading Symbol Medicine Man Technologies, Inc. [SHWZ]									5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director X 10% Owner				
(Last)	(Fir	,	Middle)			ate of Earliest Transaction (Month/Day/Year) 29/2023								Office below	er (give title v)	e	Othe belov	(specify /)
C/O MEDICINE MAN TECHNOLOGIES, INC 4880 HAVANA ST., STE. 201				5, INC.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) DENVE	R CO) 8	0239			Form filed by More than One Reporting Person											eporting	
(City)	(City) (State) (Zip)					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	on-Deriva	ative S	Secui	rities	Acc	uired	l, Dis	sposed of	, or B	enefic	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) o (D)	Price	Transac (Instr. 3	tion(s)			(Instr. 4)
Common	Stock			09/29/2	023				A		130,801	A	\$0 ⁽¹	1,99	1,998,863		D	
Common Stock												9,28	9,287,500		I	see footnote ⁽²⁾		
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)	if any	eemed tion Date, h/Day/Year)	4. Transa Code (8)		of Deriv	r osed) r. 3, 4	6. Date Expira (Month	tion D	Year) Securities Underlying Derivative Security (II 3 and 4)		nt of ities lying ative ity (Instr. 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)
					Code V (A) (D)		Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

- 1. The issuer granted the reporting person shares of common stock with an aggregate value of \$103,333 (based on the closing price of the common stock on the OTCQX Best Market on September 29, 2023) for service on the board of directors.
- 2. Represents shares of common stock held by Dye Capital & Company ("Dye Capital"). As the general partner of Dye Capital, Mr. Dye has voting and investment control over the securities held by Dye Capital. Mr. Dye disclaims beneficial ownership of the reported shares except to the extent of his pecuniary interest therein

/s/ Daniel R. Pabon Attorneyin-Fact for Justin C. Dye

10/03/2023

** 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.