## FORM 4

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

Washington, I	D.C.	20549
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per response.	0.5							

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

Name and Address of Reporting Person*     Dye Justin						2. Issuer Name and Ticker or Trading Symbol  Medicine Man Technologies, Inc. [ MDCL ]							] (Ch	elationship o eck all applica Director	able)	ig Perso	10% C	
(Last) (First) (Middle) C/O MEDICINE MAN TECHNOLOGIES, INC. 4880 HAVANA STREET, SUITE 201				05	3. Date of Earliest Transaction (Month/Day/Year) 05/20/2020								Chief Executive Officer					
(Street) DENVE	R C	0	90239		-   4. -	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Trans: Date (Month/I				Execution Date,		Code (Instr.						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) o (D)	r Price	Transactio				(111501.4)
Common Stock				05/2	5/20/2020				P		187,50	00 A	\$2	9,287,500				See footnote <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)	ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		ate, 1	1. Fransaction Code (Instr. 3)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title an of Securit Underlyin Derivative (Instr. 3 a	ig e Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
				C	Code	v	(A)		Date Exercisab		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Warrant to purchase common stock	\$3.5	05/20/2020			P		187,500		05/20/202	20	05/20/2023	Common Stock	187,500	(1)	9,287,	500	I	See footnote <sup>(1)</sup>

## **Explanation of Responses:**

1. On May 20, 2020, and pursuant to the second amendment to a securities purchase agreement (the "Purchase Agreement") dated May 20, 2020 by and between Medicine Man Technologies, Inc. (the "Company") and Dye Capital Cann Holdings, LLC (the "Investor"), the Investor purchased, in a private placement 187,500 shares of the Company's common stock, par value \$0.001 per share (the "Common Stock") at a price of \$2.00 per share and warrants (the "Warrants") to purchase 187,500 shares of Common Stock. The Warrants are for a term of three years and are exercisable at a price of \$3.50. The Reporting Person has voting and investment control of the securities owned by the Investor and disclaims beneficial ownership of the securities for purposes of Section 16 except to the extent of the Reporting Person's pecuniary interest therein.

/s/ Justin Dye

05/22/2020

\*\* 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.