The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

Notice of Exempt Offering of Securities

OMB APPROVAL OMB 3235-Number: 0076 Estimated average burden hours per response: 4.00

1. Issuer's Identity

CIK (Filer ID Nur	nber) Previous Names	X None	Entity Type
0001622879			X Corporation
Name of Issue	r		Limited Partnership
Medicine Man Technologies	s, Inc.		Limited Liability Company
Jurisdiction o			General Partnership
Incorporation/Organ	nization		Business Trust
NEVADA			Other (Specify)
Year of Incorpora	tion/Organization		
X Over Five Years Ago			
Within Last Five Years (S	Specify Year)		
Yet to Be Formed			
2. Principal Place of Busines	s and Contact Information		
Name	of Issuer		
Medicine Man Technologies	s, Inc.		
Street A	Address 1		Street Address 2
4880 HAVANA STREET		SUITE 201	
City	State/Province/Country		
DENVER	COLORADO	80239	303-371-0387
3. Related Persons			
Last Name	Firs	st Name	Middle Name
Dye	Justin		
Street Address 1	Street	Address 2	
4880 HAVANA STREET	SUITE 201		
City	State/Prov	vince/Country	ZIP/PostalCode
DENVER	COLORADO		80239
Relationship: X Executive	Officer X Director Promo	ter	
Clarification of Response (if	Necessary):		
Last Name	Firs	st Name	Middle Name
Huber	Nancy		
Street Address 1	Street	Address 2	
4880 HAVANA STREET	SUITE 201		
City	State/Prov	vince/Country	ZIP/PostalCode
DENVER	COLORADO		80239

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Pabon	Daniel	
Street Address 1	Street Address 2	
4880 HAVANA STREET	SUITE 201	
City	State/Province/Country	ZIP/PostalCode
DENVER	COLORADO	80239
Relationship: X Executive Officer	Director Promoter	
Clarification of Response (if Necess	eary):	
Last Name	First Name	Middle Name
Krishnamurthy	Nirup	
Street Address 1	Street Address 2	
4880 HAVANA STREET	SUITE 201	
City	State/Province/Country	ZIP/PostalCode
DENVER	COLORADO	80239
Relationship: X Executive Officer	X Director Promoter	
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
Berger	Jonathan	
Street Address 1	Street Address 2	
4880 HAVANA STREET	SUITE 201	
City	State/Province/Country	ZIP/PostalCode
DENVER	COLORADO	80239
Relationship: Executive Officer	X Director Promoter	
Clarification of Response (if Necess	sary):	
Last Name	First Name	Middle Name
Ruden	Brian	
Street Address 1	Street Address 2	
4880 HAVANA STREET	SUITE 201	
City	State/Province/Country	ZIP/PostalCode
DENVER	COLORADO	80239
Relationship: Executive Officer	X Director Promoter	
Clarification of Response (if Necess	sary):	
Last Name	First Name	Middle Name
Garwood	Jeffrey	
Street Address 1	Street Address 2	
4880 HAVANA STREET	SUITE 201	
City	State/Province/Country	ZIP/PostalCode
DENVER	COLORADO	80239
Relationship: Executive Officer	X Director Promoter	
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
Wahdan	Salim	
Street Address 1	Street Address 2	
4880 HAVANA STREET	SUITE 201	
City	State/Province/Country	ZIP/PostalCode
DENVER	COLORADO	80239

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last	Name	First Name		Middle Name
Cozad	Jeffre	ÿ		
Street A	Address 1	Street Address 2		
4880 HAVANA ST	FREET SUIT	E 201		
С	lity	State/Province/Country		ZIP/PostalCode
DENVER	COL	ORADO	80239	
Relationship: E	xecutive Officer X Direct	or Promoter		

Clarification of Response (if Necessary):

4. Industry Group

Agriculture Banking & Financia Commercial Bank Insurance Investing Investment Banki Pooled Investmer Is the issuer regis	king ing nt Fund	Health Care Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing	Retailing Restaurants Technology Computers Telecommunications Other Technology Travel
an investment con the Investment Co Act of 1940?	mpany under ompany	Real Estate Commercial	Airlines & Airports Lodging & Conventions
Yes	No	Construction	Tourism & Travel Services
•	Financial Services	REITS & Finance	Other Travel
Business Services Energy Coal Mining		Residential Other Real Estate	X Other
Electric Utilities			
Energy Conservat	tion		
Environmental Se	ervices		
Oil & Gas			
Other Energy			
5. Issuer Size			

OR Aggregate Net Asset Value Range **Revenue Range** No Revenues No Aggregate Net Asset Value \$1 - \$5,000,000 \$1 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$5,000,001 -\$25,000,001 - \$50,000,000 \$25,000,000 \$25,000,001 -\$50,000,001 - \$100,000,000 \$100,000,000 Over \$100,000,000 Over \$100,000,000 X Decline to Disclose Decline to Disclose Not Applicable Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

Rule 504(b)(1) (not (i), (ii) or (iii))

Investment Company Act Section 3(c)

Rule 504 (b)(1)(i) Rule 504 (b)(1)(ii)	Section 3(c) Section 3(c)		
Rule 504 (b)(1)(iii)	Section 3(c)		
X Rule 506(b) Rule 506(c)	Section 3(c)		
Securities Act Section 4(a)(5)	Section 3(c)		
	Section 3(c)		
	Section 3(c)(
7. Type of Filing			
X New Notice Date of First Sale 2022-03-11 Amendment	First Sale Yet to	Occur	
8. Duration of Offering			
Does the Issuer intend this offering to last more	than one year?	Yes X No	
9. Type(s) of Securities Offered (select all that ap	oply)		
X Equity		Pooled Investment Fund Intere	sts
Debt		Tenant-in-Common Securities	
Option, Warrant or Other Right to Acquire An Security to be Acquired Upon Exercise of Opt	•	Mineral Property Securities	
Other Right to Acquire Security	,	Other (describe)	
10. Business Combination Transaction			
Is this offering being made in connection with a as a merger, acquisition or exchange offer?	business combination	ation transaction, such X Yes	No
Clarification of Response (if Necessary):			
11. Minimum Investment			
Minimum investment accepted from any outside	investor \$0 USE)	
Minimum investment accepted from any outside 12. Sales Compensation	investor \$0 USE)	
1 2		ent CRD Number X None	
12. Sales Compensation	Recipi	ent CRD Number X None siated) Broker or Dealer CRD	X None
12. Sales Compensation Recipient	Recipi (Asso	ent CRD Number X None siated) Broker or Dealer CRD	
12. Sales Compensation Recipient (Associated) Broker or Dealer X None	Recipi (Assoc Numb	ent CRD Number X None ciated) Broker or Dealer CRD er	X None ZIP/Postal Code
12. Sales Compensation Recipient (Associated) Broker or Dealer X None Street Address 1 City State(s) of Solicitation (select all that apply) Check "All States" or check individual	Recipi (Assoc Numb State/F	ent CRD Number X None ciated) Broker or Dealer CRD er Street Address 2	ZIP/Postal
12. Sales Compensation Recipient (Associated) Broker or Dealer X None Street Address 1 City State(s) of Solicitation (select all that apply) Check "All States" or check individual	Recipi (Assoc Numb State/F	ent CRD Number X None ciated) Broker or Dealer CRD er Street Address 2 Province/Country	ZIP/Postal
12. Sales Compensation Recipient (Associated) Broker or Dealer X None Street Address 1 City State(s) of Solicitation (select all that apply) Check "All States" or check individual States	Recipi (Assoc Numb State/F All Fore	ent CRD Number X None ciated) Broker or Dealer CRD er Street Address 2 Province/Country	ZIP/Postal
 12. Sales Compensation Recipient (Associated) Broker or Dealer X None Street Address 1 City State(s) of Solicitation (select all that apply) Check "All States" or check individual States 13. Offering and Sales Amounts 	Recipi (Asso Numb State/F All Fore States Fore Indefinite	ent CRD Number X None ciated) Broker or Dealer CRD er Street Address 2 Province/Country	ZIP/Postal
 12. Sales Compensation Recipient (Associated) Broker or Dealer X None Street Address 1 City State(s) of Solicitation (select all that apply) Check "All States" or check individual States 13. Offering and Sales Amounts Total Offering Amount \$1,900,000 USD or 	Recipi (Asso Numb State/F All Fore States Fore Indefinite	ent CRD Number X None ciated) Broker or Dealer CRD er Street Address 2 Province/Country	ZIP/Postal
 12. Sales Compensation Recipient (Associated) Broker or Dealer X None Street Address 1 City State(s) of Solicitation (select all that apply) Check "All States" or check individual States 13. Offering and Sales Amounts Total Offering Amount \$1,900,000 USD or Total Amount Sold \$1,900,000 USD 	Recipi (Asso Numb State/F All Fore States Fore Indefinite	ent CRD Number X None ciated) Broker or Dealer CRD er Street Address 2 Province/Country	ZIP/Postal
 12. Sales Compensation Recipient (Associated) Broker or Dealer X None Street Address 1 City State(s) of Solicitation (select all that apply) Check "All States" or check individual States 13. Offering and Sales Amounts Total Offering Amount \$1,900,000 USD or Total Amount Sold \$1,900,000 USD or Total Remaining to be Sold \$0 USD or \$100 USD \$1	Recipi (Asso Numb State/F All Fore States Fore Indefinite	ent CRD Number X None ciated) Broker or Dealer CRD er Street Address 2 Province/Country	ZIP/Postal

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited

investors, and enter the number of such non-accredited investors who already have invested in the offering. Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

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15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions	\$0 USD	Estimate
Finders' Fees	\$0 USD	Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Medicine Man Technologies, Inc.	/s/ Justin Dye	Justin Dye	Authorized Representative	2022-03-28

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.