FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APP	PROVAL						
OMB Number:	OMB Number: 3235-0104						
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* Ruden Brian			2. Date of Event Requiring Statement (Month/Day/Year) 12/10/2019 3. Issuer Name and Ticker or Trading Symbol Medicine Man Technologies, Inc. [MDCL]									
(Last) (First) (Middle) C/O MEDICINE MAN TECHNOLOGIES, INC.					4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)			
	IA STREET, S	UITE 201				Officer (give title below)	Other (spe below)	· 1		cable Line)	/Group Filing (Check	
(Street) DENVER	СО	80239							21	•	y More than One	
(City)	(State)	(Zip)										
		7	Table I - Non	-Derivat	ive Se	curities Beneficiall	y Owned					
1. Title of Secur	ity (Instr. 4)	1	Table I - Non	2	. Amoun	curities Beneficiall t of Securities lly Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D) (4. Natu (Instr.		Beneficial Ownership	
1. Title of Secur	ity (Instr. 4)		Table II - D	2 B Derivative	. Amoun Beneficia e Secu	t of Securities	3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D) (Beneficial Ownership	
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Explanation of Responses:

Remarks:

On December 10, 2019, shareholders of Medicine Man Technologies, Inc. (the "Company") elected the Reporting Person as a Class A Director of the Company.

No securities are beneficially owned.

<u>/s/ Brian Ruden</u> <u>12/30/2019</u>

** 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 5 (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.