FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, B.S. 2001	•	

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average b	ourden
harrest man annual annual	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	tion 10.	•			10.0		- NI====	A T:-1	Tu1				15.5) a lating a letter	of Donorstin	- D	(-) 4- !			
1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol Medicine Man Technologies, Inc. [SHWZ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
Pabon Daniel				1	Juit	<u> </u>	n11 1		<u> </u>	<u>, 1110.</u>	[511,112	,	Director 10% Owner							
-					·								[Officer below)	(give title		Other (s	pecify		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 08/28/2024								Chief Policy Officer						
C/O MEI	DICINE M.	AN TECHNOLO	OGIES, IN	IC.	100/	20/2	2024								C111 0 1 1 0		111001			
865 N. ALBION ST., STE. 300					\vdash															
					. 4. If	f Ame	endment, I	Date o	of Original I	iled	(Month/Da	ay/Year)	6. li Line	ndividual or .	Joint/Group	Filing	(Check Ap	plicable		
(Street)														<u>,</u>	iled by One	Repo	orting Perso	n		
DENVE	R C	O	80220										Ι,	— Form f		e than	One Repo	ting		
					1									Persor	1					
(City)	(S	tate)	(Zip)																	
		Tab	le I - Nor	n-Deriv	ative	e Se	curities	s Ac	quired,	Disp	osed o	f, or Be	neficial	y Owned						
Da			2. Trans Date (Month/l		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (I	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)		ed (A) or tr. 3, 4 and	Benefici Owned F	ies Form ially (D) of Following (I) (II		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	ction(s)			(Instr. 4)				
		-	Table II -									or Bend		Owned						
1. Title of Derivative Security (Instr. 3)	Conversion Date Exec or Exercise (Month/Day/Year) if any		3A. Deemed Execution I if any (Month/Day	Date, 1		ransaction of D D S S A (A D D Of D D Of D D Of D Of D Of D Of D		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares							
Stock Option (Right to Buy)	\$1.03	08/28/2024			A		88,214		(1)	0	8/28/2034	Class A Common Stock	88,214	\$0	88,21	4	D			

Explanation of Responses:

1. The options vest in four equal installments, beginning May 3, 2025.

/s/ Daniel Pabon

10/07/2024

** Signature of Reporting Person Dat

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.