| SEC Form 4 | |
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Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | | |
| hours per response | : 0.5 | | | | | | | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | | | of Section So(n) of the investment Company Act of 1940 | | | | | | |
|--------------|--------------------|-------------|--|---|--|--|--|--|--|
| | dress of Reporting | Person* | 2. Issuer Name and Ticker or Trading Symbol <u>Medicine Man Technologies, Inc.</u> [SHWZ] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| Garwood Jeff | | | | X Director 10% Owner | | | | | |
| , | | | | Officer (give title Other (specify | | | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 08/18/2022 | below) below) | | | | | |
| C/O DYE CA | APITAL AND C | COMPANY LLC | 08/18/2022 | | | | | | |
| 4880 HAVAN | NA ST., STE. 20 | 1 | | | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | X Form filed by One Reporting Person | | | | | |
| DENVER | СО | 80239 | _ | Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | ate Execution Date, | | iction Instr. | | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---------------------|--------------|------------------|--------|---------------|---------|---|---|---|
| | | (| 8) Code V | | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | |
| Common Stock | 08/18/2022 | | Р | | 8,887 | A | \$1.415 | 264,813 | D | |
| Common Stock | 08/18/2022 | | Р | | 945 | A | \$1.42 | 265,758 | D | |
| Common Stock | 08/19/2022 | | Р | | 2,059 | Α | \$1.43 | 267,817 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| l | | (c.g., puis, cans, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|---|---|---|--|--|---|---|-----|-----|---------------------|--|---|--|--|--|--|--|
| | 1. Title of Derivative Security (Instr. 3) | ive Conversion Date Execution Date, Transaction or Exercise (Month/Day/Year) if any Code (Instr. | | | of Expiration Date Derivative (Month/Day/Year) Securities Acquired (A) or | | | | | e and unt of rities rlying ative rity (Instr. 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | Ownership Form: I Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

/s/ Daniel R. Pabon as

Attorney-in-Fact for Jeffrey R. 08/22/2022

Garwood

** 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.