FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF	CHANGES	IN	BENEFICIAL	OWNERSHIP
	O.	CHAILOEG		DEILE IOIAE	CITILITIES

OMB APPROVAL										
OMB Number: 3235-0287										
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* Berger Jonathan W				2. Issuer Name and Ticker or Trading Symbol Medicine Man Technologies, Inc. [SHWZ]							(Che	elationship eck all app X Direc	,	ng Pers	son(s) to Is 10% Ov				
(Last)	(Fir	st) (N	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/11/2023									Office below	er (give title		Other (s below)	pecify	
C/O MEDICINE MAN TECHNOLOGIES, INC. 4880 HAVANA ST., STE. 201				4. If A								Line	dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person						
(Street) DENVE	R CC	8	0239			Form filed by More than One Reporting Person										orting			
(City)	(Sta	, ,	Zip)	n Doriva		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. tive Securities Acquired, Disposed of, or Beneficially Owned													
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			tion 2A. Deemed Execution Date,		3. 4. Securitie		ies Acquired (A) Of (D) (Instr. 3, 4		(A) or	5. Amo Securit Benefic Owned	unt of ies cially Following	Form: (D) or	Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
								Code V Amou		Amount	(A) or (D) Price		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common	Stock			04/11/2	/2023				A		50,971	1	A	\$0 (1)	24	240,602		D	
		Tal									osed of, o				y Owne	t			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Security or Exercise (Month/Day/Year) if any		4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		nstr.	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y [1	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Num of Sha	.					

Explanation of Responses:

1. The issuer granted the reporting person shares of common stock with an aggregate value of \$52,500 (based on the closing price of the common stock on the OTCQX Best Market on April 5, 2023) for service on its board of directors.

/s/ Daniel R. Pabon attorney in fact for Jonathan W. Berger

** Signature of Reporting Person

04/13/2023

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.